sify safescrypt

Digital Signature Certificate Subscription Form

Class of Certificate		Type of Certificate			Certificate Validity	
Class 2 ☐		Individual ☐	Signing ☐		1 Year ☐	
Class 3 ☐		With Org Name ☐	Encryption ☐		2 Years ☐	

Section 1: Online AgentsSubscriber Details

Name*:

Designation :

Date of Birth*: D D M M Y Y Y Y Gender *: ☐ Male ☐ Female

* Self Attested Photo

Address (Residential address in case of Individual or Organization address in case of DSC with ORG)

Organisation Name * (Mandatory in case of ORG DSC) :

Door No/Building Name * :

Road/ Street/ Post Office * :

Town/ City/ District * :

State/ Union Territory * :

Country* : PIN Code*

Telephone Number* (with STD Code):

Mobile Number* :

Email id* :

Section 2: Identity Proof Details

Photo Identity Proof*		Address Proof*	
Identity Proof Name (Eg: Pan Card, DL, Passport, ...)		Address Proof Name (Eg: Passport, DL, Latest Telephone Bill, ...)	
Identity Proof Number			

Note*: Subscriber's signature should appear on the Photo ID Proof.

Section 3: Declaration

I hereby declare that all the information provided on this Subscription Form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for a digital signature certificate, the duties and responsibilities are applicable under the IT Act, India and the SafeScrypt CA's CPS https://www.safescrypt.com/pdf/cps.pdf .

Signature of the Subscriber*

Date*: D D M M Y Y Y Y Place*:

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.

Section 4: Authorisation (*only for ORG DSC)

I, _____ acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

Signature & Organisation seal*

For office use only

Attestation By Sify Authorised LRA/Partner(*For Class3 DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies of ID proof. I have verified the same with TRUE COPY.

Signature and Seal *

Date * D D M M Y Y Y Y **Name ***

Partner Name:	
Date of Issuance:	
City:	

Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.

SafeScrypt CA Services brought to you by:
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