sify safescrypt

SafeEXIM Digital Certificate Subscription Form

Certificate Validity 1 year ☐ 2 years ☐ Request Id ☐☐☐☐☐☐☐☐☐☐

Section 1 : Subscriber Details

NAME: (of applying individual)

Designation:

Date of Birth: Gender: Male ☐ Female ☐

Organisation Name:

IEC Code: Branch Code:

Organisation Address: (as per Branch Code)

Road/Street/Post Office:

Town/City/District:

State/Union Territory:

Country:

Postal Code:

Telephone Number (with STD Code):

Mobile Number: (unique to the dsc):

E-mail Id :(unique to the dsc):

Sign half across photo & half on form with BLUE PEN

- Use **blue-ink** only including signature
- Ensure the Name, Designation, Address and Contact number of the attesting officer is present in at least one of the attestation document

Section 2 : Identity Proof Details

Photo Identity Proof	Address Proof
Identity Proof Name (e.g. PAN or Passport or Driving Licence of applying individual)	**Address Proof Name** (Organisation address proof)
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 CPS https://www.safescrypt.com/ pdf/cps.pdf and also under the Section 71 of IT Act which stipulates that if anyone makes a misrepresentation or suppresses any material fact from the CCA or CA for obtaining any DSC such person shall be punishable with imprisonment up to 2 years or with fine up to one lakh rupees or with both.

Signature of the Subscriber (Applying Individual): Use Blue Pen Only

Date: ☐☐☐☐☐☐☐☐ **Place:**

Section 4 : Authorisation

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 of Authoriser with Organisation Stamp/Seal: Use Blue Pen Only

-- FOR OFFICE USE ONLY --

Partner Name: Sify RA: Date of Issuance:

Safescrypt CA Service brought to you by: Sify Technologies Ltd.