

# Digital Signature Certificate Subscription Form

Class of Certificate	Class 2 <input checked="" type="checkbox"/>	Individual <input type="checkbox"/>	Signing <input checked="" type="checkbox"/>	1 Year <input type="checkbox"/>	Request Id: <input type="text"/>
	Class 3 <input type="checkbox"/>	With Org Name <input checked="" type="checkbox"/>	Encryption <input type="checkbox"/>	2 Years <input checked="" type="checkbox"/>	

## Section 1: Subscriber Details

Name\*: A R V I N D S H A R M A

Designation : P A R T N E R

Date of Birth\*: 0 1 0 1 1 9 0 0 Gender\*:  Male  Female

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

Organisation Name \* : A L T E C B U S I N E S S S O L U T I O N S

Door No/Building Name \* : R O O M - G 8 , O M V I L L A

Road/ Street/ Post Office \* : 1 3 / 1 / 6 , M . L . B . R O A D

Town/ City/ District \* : B A L L Y , H O W R A H

State/ Union Territory \* : W E S T B E N G A L

Country\* : I N PIN Code\* 7 1 1 2 0 1

Telephone Number\* (with STD Code): 9 8 3 1 5 2 5 1 0 1

Mobile Number\* : 9 8 3 1 5 2 5 1 0 1

Email id\* : info@altecbcs.in

\* Self Attested Photo

SIGNATURE OF APPLICANT (WITHOUT STAMP)

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

## Section 2: Identity Proof Details

<b>Photo Identity Proof *</b> Identity Proof Name : PAN Identity Proof Number : ABCDE1234F	<b>Address Proof *</b> Address Proof Name : AADHAAR CARD (Eg: Passport, DL, Latest Telephone Bill, ...)
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Note\*: Subscriber's signature should appear on the Photo ID Proof.

## Section 3: Declaration

I hereby declare that all the information provided in 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 the digital signature certificate, the duties and responsibilities which are applicable under the SafeScript 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\* : SIGNATURE OF APPLICANT (WITHOUT STAMP)

Date\*: 0 0 0 0 0 0 0 0 Place\*: HOWRAH

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

## Section 4: Authorisation (only for ORG DSC)

I, NAME OF PROP / OTHER PARTNER / OTHER DIRECTOR / AUTHORISED PERSON 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 : STAMP AND SIGNATURE OF PROPRIETOR / OTHER PARTNER / OTHER DIRECTOR / AUTHORISED PERSON

## For office use only

Attestation By Sify Authorised LRA/Partner\* (For Class3DSC Only)  
 I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal \* : \_\_\_\_\_

Date \* DD MM YY YY Name \* \_\_\_\_\_

Partner Name:	
Sify RA:	
Date of Issuance:	

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