Enrollment Date :- _____

Time :-

Digital Signature Certificate Subscription Form

Class of Certificate						Request Id:
Class 2 ☐	Individual ☐	Signing ☐	1 Year ☐		
Class 3 ☐	With Org Name ☐	Encryption ☐	2 Years ☐		

Section 1: Subscriber Details

Name*:

Designation :

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

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* :

* Self Attested Photo

- 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

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 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 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*

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 Class3DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal *

Date * D D M M Y Y Y Y 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.