## **APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE**

## FOR ORGANISATION



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Date of Birth D MM Y Y Y Gender Male Female Nationality that applicant duty signed across  Crganisation Name  Department  Cry Address  Class 1 Class 2 Class 3  TYPE: Signature Encryption Combo  State  PAN of Applicant  Mobile Pin code  VALIDITY: State  PAN of Applicant  Mobile Poper Company Petteration  Organization Type: Company Petteration People of the Organization  Organization Type: Company Petteration People of the Organization  Organization Type: Company Petteration People of the Organization People of People	APPLICANT INFORMATION						
Date of Birth	LASTNAME FIRST NAME MIC	DLE	NAME				
Organisation Name  Department Org Address  Class 1   Class 2   Class 3   TYPE:  City   Pin code   Signature   Encryption   Combo  State   Signature   Encryption   Combo  State   Signature   Encryption   Combo  VALIDITY:    1 Year   2 Years    2 Years   VALIDITY:   1 Year   2 Years    2 Years   Company   Partnership   Proprietorship   AOP/ROI   LLP   NOO/TRUST    Document Name   Company   Partnership   Proprietorship   AOP/ROI   LLP   NOO/TRUST    Document Name   Company   Partnership   Proprietorship   AOP/ROI   LLP   NOO/Trust    Copy of Applicant's Organizations   IDC card / Letter from Organization / Pay Silp   V   V   V   V   V   V							
Department  Org Address  CLASS:  Class 1   Class 2   Class 3    TYPE:  Signature   Encryption   Combo  State  PAN of Applicant  Mobile   Pin code   Pin code    State	Date of Birth DDMMYYYYY  Gender Male Female Nation	ality			signed	acros	<u>is</u>
CLASS:  Class 1 Class 2 Class 3  TYPE:  Signature Encryption Combo  State  PAN of Applicant  Document Name  Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST  Document Name  Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST  Document Name  Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST  Document Name  Copy of Applicants Cognitionational ID Card / Letter from Organization / Pay Silp  Copy of Disparizational PAN Card  Copy of Organization PAN Card  Copy of Cognitional PAN Card  Copy of Money Annual PAN Card  Copy of Partnership Dend/ Trust Englase)  Copy of Business Registration Certificate (S&E / ST / VAT)  Partners / Signatories (2 Pages)  Copy of PAN Card of Applicant, If PAN provided  Declaration By APPLICANT  Interby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS)  Authorized Signatory Ciganizational ID Card / Self Attested Letter of Organizational Identity Copy of PAN Card of Applicant, If PAN provided  Declaration By APPLICANT  Interby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS)  Authorized Signatory (Sign and Seal)  To BE FILLED BY RA OFFICE ONLY  I declare that the applicant has provided correct information in this applicant for the application form and supporting documents. I hereby take full responsability for any wrong verification made, or wrong documents submitted for the application.	Organisation						
CLASS:  Class 1 Class 2 Class 3  TYPE:  Signature Encryption Combo  State  Pin code  Pin code  State  Pin code  Signative Encryption Combo  VALIDITY:  1 Year 2 Years  DOCUMENT PROOF (attested by Authorized Signatory of the Organization)  Organization Type: Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST  Document Name  Company Partnership Proprietorship AOP/BOI LLP NGO/Trust  Copy of Applicants Cognizational ID Card / Letter from Organization / Pay Slip  Copy of Sank Statement (First 2 Pages)  Copy of Incorporation/Registration Certificate  Copy of Applicants Signature S							
Class 1 Class 2 Class 3 TYPE:  City Pin code State PAN of Applicant Email ID PAN of Applicant PROOF (attested by Authorized Signatory of the Organization)  Organization Type: Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST  Document Name Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST  Document Name Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST  Copy of Applicants Organizational ID Card / Letter from Organization / Pay Stip V V V V V V V V V V V V V V V V V V V	Department						
TYPE:   Signature   Encryption   Combo	Org Address						
Signature   Encryption   Combo  State   PAN of Applicant   Mobile				Cla	ss 1 🔲 Cla	ss 2	Class 3
Signature   Encryption   Combo  State   PAN of Applicant   Mobile				TYPE	:		
State PAN of Applicant PROOF (attested by Authorized Signatory of the Organization)  DOCUMENT PROOF (attested by Authorized Signatory of the Organization)  Organization Type:   Company   Partnership   Proprietorship   AOP/BOI   LLP   NGO/TRUST    Document Name   Company   Partnership   Proprietorship   AOP/BOI   LLP   NGO/Trust	City	Pin code		$\neg \neg \bot$		cryptio	n Combo
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Document Name	DOCUMENT PROOF (attacted by Authorized Signatory of the Organization)						
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Partners / Signatories (2 Pages)  Copy of Business Registration Certificate (S&E / ST / VAT)  Proof of Authorized Signatory (Board Resolution)  Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity  Copy of PAN Card of Applicant, if PAN provided  * * * * * * * * *  *  **  **  **  **	if not available (First 2 Pages)	· · ·		~	~	~	~
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Date RA Name, Code & Seal Signature of RA							

eMudhra Limited, 3rd Floor, Sai Arcade, 56, Outer Ring Road, Deverabeesanahalli, Opp Intel, Bangalore 560 103. Karnataka. Phone: +91 80 4336 0000 Fax: +91 80 4227 5306. Email: info@e-Mudhra.com Website: www.e-Mudhra.com.

## **Authorization Letter by Organization**

(To be printed on organization letter head / Office seal. To be signed by Authorized Signatory / Government Department in-charge. To be used, if the authorization is not made on Application Form.)

То:	
eMudhra Limited	
Bangalore	
Subject: Authorization of the a	pplicant by the organization
I hereby Authorize the below a	pplicant to apply for Digital Signature / Encryption Certificate, on
behalf of the Organization.	
Organization Name:	
Name of the Applicant	
Org ID Number (if available)	
Designation	
Class of Certificate  Type of the Certificate	Class 2 Class 3 Signature Encryption Combo
For the Organization,	
(Seal & Signature)	
Name:	
Designation:	

## **Letter of Identity Proof by Organization**

(To be printed on organization letter head / Office seal. To be signed by HRD of Organization / Authorized Signatory / Government Department in-charge. To be used if the Organizational ID card is not available for the applicant.)

Го:	
eMudhra Limited	
Bangalore	
- 4.1.64.14.1	
Subject: Organizational ID Proo	f of the applicant
Organization Name:	
Name of the Individual	
Org ID Number (if available)	
Designation	
Department	
	of the above Individual. I'm the Authorized Personnel to certify the
dentity on behalf of the Organiz	zation.
For the Organization,	
Seal & Signature)	
Name:	
Designation:	