sıfy safescrypt

SafeEXIM Digital Certificate Subscription Form

Certificate Validity   **1** Year ☐   **2 Years** ☐

Section 1: Subscriber Details

Name*:

Designation* :

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

* Self Attested Photo

Organisation Name * :

IEC Code* :   Branch Code* :

Organisation Address*
(As Per Branch Code) :

Road/ Street/ Post Office * :
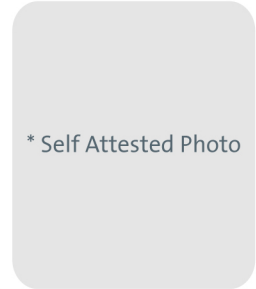
Town/ City/ District* :

State/ Union Territory * :

Country* :   PIN Code* :

Telephone Number* (with STD Code) :

Mobile Number* :

Email id* :

Section 2: Identity Proof Details

Subscriber's Photo Identity Proof*	Organisation's Address Proof*
Identity Proof Name (Eg: Pan Card, DL, Passport, ...)	Address Proof Name (Eg: Latest Telephone Bill, Sales Tax, ...)
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 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*:

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 & Organisation seal*

For office use only

Partner Name: Date of Issuance: City:

SafeScrypt CA Services brought to you by:
Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai - 600113. E-Mail: enquiries@safescrypt.com

Signature Verification Letter

TO SAFESCRYPT LIMITED

This is to Certify that …………………………………………………………………… ………………………………………………………….. (Name of the Organisation) with its Office at ……………………………………………………………………... …………………………………………………………………….. (Address of the Organisation) is maintaining a bank account (A/c No. ……………………………) with our Bank ……………….………………………. (Bank Name) and operating that account in the normal course of its business/activities. Mr/Ms…………………….. ……………………….……. is the authorized signatory for the operation of the account. His/Her signature as appearing below is duly attested (as per the records available with the bank).

(Signature of the Authorised Signatory)   (Signature of the Branch Manager)

Name: _____   Name:_____

Designation: _____   Designation:_____

                                                                       Phone No: _____

Date: _____   (Bank Seal)

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