

FOR ORGANISATION

Application ID: (S) (E)

(For Office Use Only)

PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY

More Instructions available at: <http://www.e-mudhra.com/instruction.html>

APPLICANT INFORMATION

LASTNAME FIRST NAME MIDDLE NAME

Date of Birth Gender Male Female Nationality

Organisation Name

Department

Org Address

City Pin code

State

PAN of Applicant Mobile

Email ID

Affix recent passport size photograph of the applicant **duly signed across**

CLASS:
 Class 1 Class 2 Class 3

TYPE:
 Signature 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 Applicant's Organizational ID Card / Letter from Organization / Pay Slip | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Copy of Organizational PAN Card | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Copy of Bank Statement (First 2 Pages) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Copy of Incorporation/Registration Certificate | ✓ | | | ✓ | ✓ | ✓ |
| Copy of AOA & MOA / Rules / Bye laws (First 2 Pages) | ✓ | | | ✓ | ✓ | ✓ |
| Copy of Last Income Tax Return / Audit Report & Annual Return / Self Affidavit with reason, if not available (First 2 Pages) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Copy of Partnership Deed / Trust Deed / LLP Agreement containing the List of 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 | * | * | * | * | * | * |

DECLARATION BY APPLICANT

I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated cryptographic module.

Date _____
 Place _____

Signature of the applicant
(As in ID proof | Blue Ink Only)

AUTHORIZATION

I hereby authorize the above applicant, on behalf of our Organisation to apply for obtaining the Digital Signature/ Encryption Certificate issued by e-Mudhra

Authorized Signatory (Sign and Seal)

TO BE FILLED BY RA OFFICE ONLY

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.

Date RA Name, Code & Seal _____ Signature of RA _____

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.)

To:

eMudhra Limited

Bangalore

Subject: Authorization of the applicant by the organization

I hereby Authorize the below applicant 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 Class 2 Class 3

Type of the Certificate 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.)

To:

eMudhra Limited

Bangalore

Subject: Organizational ID Proof of the applicant

Organization Name: _____

| | |
|------------------------------|--|
| Name of the Individual | |
| Org ID Number (if available) | |
| Designation | |
| Department | |

I hereby confirm the Identity of the above Individual. I'm the Authorized Personnel to certify the Identity on behalf of the Organization.

For the Organization,

(Seal & Signature)

Name: _____

Designation: _____