

Class of Certificate	Class 2	<input type="checkbox"/>	Type of Certificate	Individual	<input type="checkbox"/>	Signing	<input type="checkbox"/>	Certificate Validity	1 Year
	Class 3	<input type="checkbox"/>		With Org Name	<input type="checkbox"/>	Encryption	<input type="checkbox"/>		2 Years

Section 1: Subscriber Details

Name* :

Designation :

Date of Birth* : Gender : Male Female

(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

Section 2: Identity Proof Details

Photo Identity Proof*	Address Proof*
Identity Proof Name <small>(Eg. Pan Card Or Passport...)</small>	Address Proof Name <small>(Eg. Passport Or Latest Telephone Bill...)</small>
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 on 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 SafeScripT CA's CPS <https://www.safescrypt.com/pdf/cps.pdf>.

Signature of the Subscriber* :

Date* : 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 Class3 DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies of ID proof. I have verified the same with TRUE COPY.

Signature and Seal* :

Date* : Name* :

Partner Name	<input type="text"/>
Date of issuance	<input type="text"/>
City	<input type="text"/>

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