

# APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE



## 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

5 digit Web Name

Date of Birth  DDMMYYYY Gender  Male  Female Nationality

Organisation Name

Department

Org Address

City  Pin code

State

PAN of Applicant  Mobile

Aadhaar  (NOTE : Either PAN and / or Aadhaar No. is mandatory)

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  3 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 / Any other Government Registration)                               |         |             | ✓              |         |     |           |
| Proof of Authorized Signatory (Board Resolution)   | ✓       |             |                | ✓       | ✓   | ✓         |
| Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity                                | ✓       | ✓           | ✓              | ✓       | ✓   | ✓         |
| Copy of PAN Card / Aadhaar Card of Applicant, either one is Mandatory  | *       | *           | *              | *       | *   | *         |

### 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. I hereby confirm the Identity of the above Individual and My identity (Authorized Signatory). I'm the Authorized Personnel to certify the Identity on behalf of the Organization.

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