APPLICATION FORM - DIGITAL SIGNATURE CERTIFICATE
For Bank Sector

ID Sign

Select Certificate Type

Application ID (Office Use)	Validity	Class	○ Class 2 ○ Class 3
	○ 1 Year ○ 2 Years	Type	○ Signature ○ Encryption ○ Both

Applicant Information

Applicant Name : _____ (First Name)   _____ (Last Name)

Mobile : [+][9][1] - [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   PAN : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Date Of Birth : [ ][ ] / [ ][ ] / [ ][ ][ ][ ]   Gender : ○ Male ○ Female ○ Others
D D   M M   Y Y Y Y

Bank Name : _____   Nationality : _____

Department : _____   Bank PAN : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Address :

Flat / Plot No : _____   Street / Village : _____

Area / Taluka / Mandal : _____   District : _____

City : _____   State : _____   Pincode : [ ][ ][ ][ ][ ][ ]

Aadhaar Number : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   GST No. : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Email ID : _____

Photo with cross sign

Document Proof

Note: *All supporting documents should be attested by Authorized Signatory of the Bank.*

☐ Applicant's Bank ID Card / Letter from Organisation

☐ Authorised Signatory's Organisational ID Card / Letter for Organisation

☐ Organisational PAN Card

☐ PAN Card of Applicant, if PAN provided

☐ Copy of Aadhaar Card of Applicant, if Aadhaar provided

Instructions

1. Fill up the form with Blue ink in English BLOCK letters.
2. Sign the aplication with blue ink.
3. All supporting documents must be attested by Gazetted officer / Bank manager /Post master and the Name, designation, office and address and contact number of the attesting officer should be clearly visible.

4. Incomplete application forms are not accepted.
5. The filled forms must be sent to IDSign CA, Plot No:1303, Khanamet, Ayyappa Society, Hyderabad, Telangana, India, 500081 Phone: +91-40- 42011136.support@idsign.app
6. Applicants must refer to IDSign CA CPS & subscriber agreement at www.idsignca.com.

Authorization

I hereby authorize the above applicant, on behalf of our Organisation to apply for obtaining the Digital Signature/ Encryption Certificate issued by IDSign CA hereby confirm the Identity of the above Individual and My identity (Authorized Signatory). I'm the Authorized Personal to certify the Identity on behalf of the Organization.

Authorized Signatory (Sign and Seal)

Declaration by Applicant

1. I agreed to the terms mentioned in IDSign CA Certification Practice Statement (CPS) and subscriber agreement.
2. I confirm the information and supporting documents provided by me are correct.
3. I accept publishing my certificate information in IDSign CA repository.
4. I am aware that Section 71 of the IT act stipulates that if anyone makes a misrepresentation or suppresses any material fact from the CCA or CA for obtaining any DSC, Such person shall be punishable with imprisonment up to 2 years or with fine of one lakh rupees or with both.

Date :   Place :

(Applicant's Signature)