

APPLICATION FORM - DIGITAL SIGNATURE CERTIFICATE

For Document Signer



Select Certificate Type

Application ID (Office Use)

Validity

Class

Class 2

Class 3

1 Year

2 Years

Type

Document Signer

Applicant Information

Applicant Name :

(First Name)

(Last Name)

Mobile : + 9 1 -

PAN :

Date Of Birth : / /

D

D

/

M

M

/

Y

Y

Y

Y

Gender : Male Female Others

Org Name :

Designation :

Department :

Org PAN :

Address :

Flat / Plot No : Street / Village :

Area / Taluka / Mandal : District :

City : State : Country : Pincode :

Email ID : GST No. :

Photo
with cross sign

Document Proof (attested by Authorized Signatory of the Organisation)

Organisation Type : Govt Bank Company Partnership Proprietorship AOP/BOI LLP NGO/Trust

Document Name	Govt	Bank	Company	Partnership	Proprietorship	AOP/BOI	LP	NGO/Trust
Copy of Organizational PAN Card, If GST No. not provided		✓	✓	✓		✓	✓	✓
Copy of Recent Bank Statement / Bank Certificate, If GST No. not provided			✓	✓	✓	✓	✓	✓
Copy of Incorporation Certificate, If GST No. not provided			✓			✓	✓	✓
Copy of Business Registration Certificate (S&E / etc)					✓			
Copy of Partnership deed containing list of Partners / Authorization Letter				✓				
Proof of Authorized Signatory (List of Directors / Board Resolution / Resolution)			✓			✓	✓	✓
Authorized Signatory ID Proof (Organizational ID Card / PAN Card / etc)	✓	✓	✓	✓	✓	✓	✓	✓
Copy of Applicant PAN Card	✓	✓	✓	✓	✓	✓	✓	✓
Undertaking for PFX/P12/Soft Download	✓	✓	✓	✓	✓	✓	✓	✓

Instructions

- Fill up the form with Blue ink in English BLOCK letters.
- Sign the application with blue ink.
- 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.

- Incomplete application forms are not accepted.
- 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
- Applicants must refer to IDSign CA CPS & subscriber agreement at www.idsignca.com.

Authorized Signatory of Applicant's Organisation

I hereby authorize this applicant, on behalf of the Organisation. I hereby confirm the Applicant given above.

Name :

Telephone :

Designation :

Email ID :

Authorized Signatory (Sign and Seal)

Declaration by Applicant

- I agreed to the terms mentioned in IDSign CA Certification Practice Statement (CPS) and subscriber agreement.
- I confirm the information and supporting documents provided by me are correct.
- I accept publishing my certificate information in IDSign CA repository.
- I hereby declare and understand that Organizational Document Signer Certificate issued to us will be used only for automated signing of documents/ information and will not be used in any other context including individual signature. I hereby declare that necessary controls have been built in software applications to ensure that there is no misuse.

Date :

Place :

(Applicant's Signature)

QCID Technologies Pvt Ltd

Plot No:1303, Khanamet, Ayyappa Society, Hyderabad, Telangana, India, 500081.

Phone: +91 -40- 42011136 | Email ID: info@idsignca.com