Digital Signature Application Form - Organisation Government



Fill using BLUE ink in Block letters		Certifying Authority
Class 1 Class 2 Class 3	Validity	Application ID
Type Signature Encryption Combo	☐ 1 Year ☐ 2 Years ☐ 3 Years	
Applicant Information		
Name:		
Applicant's PAN:	_ Document ID No.:	
Date Of Birth:/ Gender:	_ Mobile:	
Organisation Name:		-
Organisation Unit: Organi	sation PAN:	Affix Passport Size Photo
Address:		ture
		Cross Signature
City: State:	Pincode:	-
Email ID:		-
Document Section		
All supporting documents should be attested by Authorised Signatory of the organisation.		
☐ Applicant's Government ID Card / Letter from Organisation / Pay Slip (not older than 3 months)		
☐ Authorised Signatory's Organisational ID Card / Letter of Organisational Identity		
☐ PAN Card of Applicant (if PAN provided)		
Information for OOT Invalid	Declaration by Applicant	
Information for GST Invoice	•I have read, understood & agree to the t	erms & conditions mentioned in the
Same as Above GSTIN:	VSign CPS & the subscriber agreement. •I confirm that the information provided by me in the digital signature application	
Billing Name:	form is correct. I am aware that Section 71 makes a misrepresentation or suppresse CA for obtaining any DSC, such person st	es any material fact from the CCA or nall be punishable with imprisonment
Billing Address:	up to 2 years or with fine up to one lakh rup Date:	ees of with doth.
State:	Place:	
		Applicant's Signature
RA Declaration	Authorisation Letter	
I declare that the information entered on VSign portal is as per the application form and documents submitted by the subscriber.	I hereby authoriseto apply for "VSign Digital Signature Certi I certify the physical verification of the information submitted by him/her is correct."	e applicant and confirm that the
	Name of Authorising Person:	
Date:		
RA Code:	Designation:	