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Registration Form for Digital Certificate

(n)Exim FOR ORGANIZATION





Customer Identification Number :

Validity 2 Years



Validity 1 Year

INSTRUCTIONS:

PLEASE TICK ANY ONE

- Please fill the form in English only in legible format and IN BLUE INK ONLY.
- 2. OID would be as per our CPS. Please refer to our CPS at www.ncodesolutions.com/cps.pdf for more information.
- 3. Incase of keypair been compromised/lost/deleted, please apply for revocation of certificate.
- 4. For obtaining Class 3 "In Person verification and video recording of DSC applicant " is mandatory as per CCA -Guidelines.
- Incomplete application is liable for Rejection. The rejected form would be physically discarded after 15 days from the date of rejection. No request would be entertained with respect to rejected form after the rejection period.

(for office use only)

- 6. All supporting documents should be attested by Gazetted Officer or Bank Manager or Post Master and the Name, designation, office address and contact number of the attesting officer should be clearly visible.
- 7. FIPS 140-1/2 level validated Hardware cryptographic token required to download the DSC.

Applicant Name		APPLI	CANT TO SIGN	ACROSS THE P	HOTOGRAPH	EXTENDED TO A	APPLICATION FO	ORM •		
Surname	name First Name			Middlename				Affix reco		
Inique Email ID Inique Mobile No.							pl	passport size photograph of the applicant		
mique mobile No.										
dentity Detail of Applicant Please tick any one and enclose the copy of same										
*PAN Driving Passport Postoffice Dopy of Bank A/c. Passbook containing Photo & signed by applicant with attestation by concerned Bank Officer Signature of the applicant For PAN based DSC, pls provide the PAN Card details and enclose the attested copy of same.										
ompany Name										
ompany PAN						Department	t			
Office Address	As per supportting document submitted									
rea / Landmark				Town/City	//District		State	PI	NCC	DE
EC Number							E	Branch Code	,	

PLEASE NOTE:

"Section 71 of 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 up to one lakh rupees or with both.

DECLARATION:

- 1. In case of submission of Aadhaar Card Details, I provide my consent to (n)Code Solutions for using Aadhaar Card details for my identity authentication only.
- 2. I hereby agree that I have read and understood (n)Code Solutions CPS and the subscriber agreement and promise to abide the same. I have read and understood guidelines for storage of private keys mentioned in (n)Code Solutions CPS.
- I hereby authorise (n)Code Solutions to conduct mobile verification as per CCA guidelines, on the number mentioned above.

Date :	Place :	Signature of Applicant with seal of Organization
Verified by (n)Code Of	fice	For RA use only ALL DOCUMENTS, ADDRESS AND PHYSICALPRESENCE VERIFIED BY
Seal & Signature		RA Name, Seal & Signature









Toll Free: 1800 - 233 - 1010

www.ncodesolutions.com





Registration Form for Digital Certificate

(n)Exim FOR ORGANIZATION





Customer Identification Number : _ (for office use only)

Documents Required for Verification

DOCUMENT F	REQUIRED FOR A	AN ORGANIZATI	ON DSC APPLICA	TION	*
	py of following doc	uments			
PROPRIETORS	HIP FIRM				
Copy of PAN of (Front side page PARTNERSHIP	ge-1) (First and s	tement of bank account econd page)		ompanied by computation of I statement front side page-	
pages includin	ership deed (Max of first th ng list of partners and auth ccompanied by computati	orised signatories)	Copy of PAN card (Front side page-1)	Copy of statement (First and second	
statement pert	taining to last financial yea	ar (First and second pag	e)		
Copy of Compa (Front side pag		by of certificate of orporation (page-1)	Copy of statement of b A/c. (First and second		e and memorandum (First two page)
	dit report along with the a st financial year (First and			atives for forwarding / certify uthorized by the resolution o	
2 Autho	orization Letter		cate (Online copy no ffice address is different fro	t allowed) om IEC copy please provide	the address proof from.
COPY OF SUPP	ORTING DOCUMEN	ITS SHOULD BE A	TTESTED BY ANY	ONE OF THE FOLLOW	VING
Gazette office	er Bank Ma	nager/Authorised exe	ecutive of the Bank	Post Master	
PAYMENT DETA	ILS				
Date :	Bank Name :		DD / Cheque No.	:	Amount :
		Authori	zation Letter		
irectors / Partners. o,	ns (A Division of GI		nature Certificate should	l be duly authorized by th	ne resolution of board o
/Ir. / Ms				(certificate applica	nt) has provided corre
				my knowledge and beli	ef and is working wit
	(organization n	ame). He / She is here	eby authorized to obtain	a Digital Certificate issu	ed by (n)Code Solution
		DETAILS OF AL	JTHORISING PERS	ON	
Name				Designation	
Identity		Address			
Area/Landmark		Town/City/Di	istrict	State	PHOTOGRAPH OF
Pincode		Date / /2015	9	thorising Person Organization)	AUTHORISING PERSON
Place			[Sign :]	
(n)Code Offic	es Corporate Offi	ce Ahmedabad : 079	-4000 7300 • dscsale	s@ncode.in	
)elhi	Bangalo	re	Mumbai	Surat	

011-26452279/80 northsales@ncode.in

080-25272525 southsales@ncode.in

022-22048908 mumbaisales@ncode.in

0261-2789944 suratsales@ncode.in

V 4.3

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