sify safescrypt

Digital Signature Certificate Subscription Form

Class 2 Class of Certificate Class 3	Indiv oe of Certificate Org N	With Encruption	1 Year Certificate Validity 2 Years
Section 1: Subscriber Details			
Name*:			
Designation :			* Self Attested Photo
Date of Birth*: D D M M Y Y Y Gender *: Male Female Address (Residential address in case of Individual or Organization address in case of DSC with ORG) Female Female			
Organisation Name * : : : : : : : : : : : : : : : : : :			
Door No/Building Name * :			
Road/ Street/ Post Office * :			
Town/ City/ District * :			
State/ Union Territory * :			
Country* :	PIN Code*		
Telephone Number* (with STD Code):			
Mobile Number* :			
Email id* :			
Section 2: Identity Proof Details			
Photo Identity Proof*		Address Proof*	
(Eg: Pan Card, DL, Passport,)		Address Proof Name	
Identity Proof Number		(Eg: Passport, DL, Latest Telephone Bill,)	
Note*: Subscriber's signature should appear on the Photo ID Proof.			
Section 3: Declaration			
I hereby declare that all the information provided on this Subscription Form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for a digital signature certificate, the duties and responsibilities are applicable under the IT Act, India and the SafeScrypt CA's CPS https://www.safescrypt.com/pdf/cps.pdf .			
Signature of the Subscriber*			
Date*: D D M M Y Y Y Place*:			
Note*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.			
	Section 4: Authorisati		
I, acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.			
Signature & Organisation seal*			
	For offic	e use only	
Attestation By Sify Authorised LRA/Partner(*For Class3 DSC Only)			
I hereby declare that the subscriber has persona			Partner Name:
original document copies of ID proof. I have verified the same with TRUE COPY. Signature and Seal * Date of Issuance:		Date of Issuance:	
Date * D M Y Y Y Name * City:			
Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.			

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