

SafeEXIM Digital Certificate Subscription Form

Certificate Validity 1 Year 2 Years Request ID :

Section 1: Subscriber Details

Name* :

Designation* :

Date of Birth* : Gender* : Male Female

Organisation Name* :

IEC Code* Branch Code* :

Organisation Address* :

Road/ Street/ Post Office* :

Town/ City/ District* :

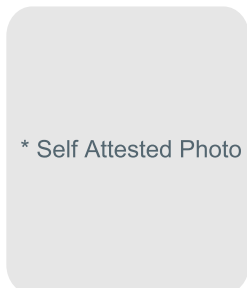
State/ Union Territory* :

Country* : PIN Code* :

Telephone Number* (with STD Code) :

Mobile Number* :

Email id* :



Section 2: Identity Proof Details

Subscriber's Photo Identity Proof*		Organisation's Address Proof*	
Identity Proof Name <small>(Eg: Pan Card, DL, Passport, ...)</small>	<input type="text"/>	Address Proof Name <small>(Eg: Latest Telephone Bill, Sales Tax, ...)</small>	<input type="text"/>
Identity Proof Number	<input type="text"/>		

Note*: Subscriber's signature should appear on the Photo ID Proof.

Section 3: Declaration

I hereby declare that all the information provided in 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 SafeScript CA's CPS <https://www.safescrypt.com/pdf/cps.pdf>.

Signature of the Subscriber*

Date* : Place* :

Section 4: Authorisation

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 office use only

Partner Name: Sify RA: Date of Issuance: