

Customer Identification Number : _____ (for office use only)



PLEASE TICK ANY ONE

Validity 2 Years

OR

Validity 1 Year

INSTRUCTIONS :

- Please fill the form in English only in legible format and **IN BLUE INK ONLY**.
- OID would be as per our CPS. Please refer to our CPS at www.ncodesolutions.com/cps.pdf for more information.
- Incase of keypair been compromised/lost/deleted, please apply for revocation of certificate.
- 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.
- 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.
- FIPS 140-1/2 level validated Hardware cryptographic token required to download the DSC.

Applicant Name

APPLICANT TO SIGN ACROSS THE PHOTOGRAPH EXTENDED TO APPLICATION FORM ▶

Surname

First Name

Middlename

Unique Email ID

Unique Mobile No.

Affix recent passport size photograph of the applicant

Identity Detail of Applicant

Please tick any one and enclose the copy of same

- *PAN Card Driving License Passport Postoffice ID Card Copy of Bank A/c. Passbook containing photo & signed by applicant with attestation by concerned Bank Officer Government issued photo ID card bearing the signature of the applicant

*For PAN based DSC, pls provide the PAN Card details and enclose the attested copy of same.

Company Name

Company PAN

Department

Office Address

As per supporting document submitted

Area / Landmark

Town/City/District

State

P I N C O D E

IEC Number

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 :

- 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.
- 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 (Blue Ink Only)

Verified by (n)Code Office

Seal & Signature

For RA use only

ALL DOCUMENTS, ADDRESS AND PHYSICAL PRESENCE VERIFIED BY

RA Name, Seal & Signature

Customer Identification Number : _____ (for office use only)

Documents Required for Verification



DOCUMENT REQUIRED FOR AN ORGANIZATION DSC APPLICATION

1 Attested copy of following documents

INDIVIDUAL/ PROPRIETORSHIP FIRM

- Copy of Business Registration Certificate" (S&E / VAT / ST)
 Copy of statement of bank account (First and second page)
 Copy of ITR accompanied by computation of income/financial statement Front side page-1)

PARTNERSHIP FIRM

- Copy of partnership deed (Max of first three pages including list of partners and authorised signatories)
 Copy of PAN card (Front side page-1)
 Copy of statement of bank account (First and second page)
- Copy of ITR accompanied by computation of income/financial statement pertaining to last financial year (First and second page)

CORPORATE ENTITIES

- Copy of Company Pan Card (Front side page-1)
 Copy of article and memorandum of association (First two page)
 Copy of statement of bank account (First and second page)
- Copy of certificate of incorporation (page-1)
- The copy of audit report along with the annual return pertaining to last financial year (First and second page)
 The authorized representatives for forwarding / certifying the application form for DSC should be duly authorized by the resolution of board of directors

LIMITED LIABILITY PARTNERSHIP

- PAN Card of LLP
 Incorporation and Registration Certificate issued by authority such as Registrar
 Copy of LLP agreement
 Memorandum of Association/ copy of rules/Bye laws
- Copy of Bank Statement
 Copy of Income Tax Return of last year
 Authority/Resolution for Authorization to Authorized Signatories for DSC application/ forwarding/ attestation of organizational documents
- Certified copy of organizational ID proof of authorized signatory

NON-GOVERNMENT ORGANISATION /TRUST

- PAN Card of NGO/Trust
 Incorporation and Registration Certificate issued by authority such as Registrar /sub-assurances
 Copy of Trust Deed
 Copy of rules and Bye laws of NGO
- Copy of Bank Statement verified/attested by Banker
 Copy of Income Tax Return of last year
 Authority/Resolution for Authorization to Authorized Signatories for DSC application/ forwarding/ attestation of organizational documents
- Certified copy of organizational ID proof of authorised signatory

2 Authorization Letter

3 IEC Certificate (Online copy not allowed)

In case of office address is different from IEC copy please provide the address proof from.

COPY OF SUPPORTING DOCUMENTS SHOULD BE ATTESTED BY ANY ONE OF THE FOLLOWING (THE SEAL AND SIGN OF THE ATTESTING OFFICER SHOULD BE OTHER THEN BLACK)

- Gazette officer
 Bank Manager/Authorised executive of the Bank
 Post Master
 *Authorized Signatory (Except personal documents of applicant)

*Please enclose of the Certified copy of organizational ID proof of authorized signatory

PAYMENT DETAILS

Date : _____ Bank Name : _____ DD / Cheque No. : _____ Amount : _____

(n)Code Offices

Corporate Office Ahmedabad : 079-4000 7300 • dscsales@ncode.in

Delhi
011-26452279/80
northsales@ncode.in

Bangalore
080-25272525
southsales@ncode.in

Mumbai
022-22048908
mumbaisales@ncode.in

Surat
0261-2789944
suratsales@ncode.in

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Authorization Letter

Please Note: The authorized signatories for applying Digital Signature Certificate should be duly authorized by the resolution of board of directors / Partners.

To,

(n)Code Solutions (A Division of GNFC Ltd.)

This to certify that

Mr. / Ms. _____ (certificate applicant)

Mobile _____ has provided correct information in the application form for issue of Digital Certificate to the best

of my knowledge and belief and is working with _____ (organization name). He / She is

hereby authorized to obtain a Digital Certificate issued by (n)Code Solutions.

DETAILS OF AUTHORISING PERSON

Name	<input type="text"/>		
Designation	<input type="text"/>	Identity	<input type="text"/>
Date	<input type="text"/>	Signature of Authorising Person (Blue Ink Only) (with seal of Organization)	
Place	<input type="text"/>	[Sign :]

END OF FORM

(n)Code Offices

Corporate Office Ahmedabad : 079-4000 7300 • dscsales@ncode.in

Delhi
011-26452279/80
northsales@ncode.in

Bangalore
080-25272525
southsales@ncode.in

Mumbai
022-22048908
mumbaisales@ncode.in

Surat
0261-2789944
suratsales@ncode.in