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SafeEXIM Digital Certificate Subscription Form

Certificate Validity 1 Year ☐ 2 Years ☐

Section 1: Subscriber Details

Name*:

Designation* :

Date of Birth* : D D M M Y Y Y Y Gender *: ☐ Male ☐ Female

* Self Attested Photo

Organisation Name * :

IEC Code* : Branch Code* :

Organisation Address* (As Per Branch Code) :

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 (Eg: Pan Card, DL, Passport, ...)		Address Proof Name (Eg: Latest Telephone Bill, Sales Tax, ...)	
Identity Proof Number			

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 SafeScrypt CA's CPS https://www.safescrypt.com/pdf/cps.pdf .

Signature of the Subscriber*

Date*: D D M M Y Y Y Y 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: Date of Issuance: City:

SafeScrypt CA Services brought to you by:
Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai - 600113. E-Mail: enquiries@safescrypt.com