

Fill using BLUE ink in Block letters

Class	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3	
Type	<input type="checkbox"/> Signature	<input type="checkbox"/> Encryption	<input type="checkbox"/> Combo

Validity
<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years

Application ID

Applicant Information

Name: _____

Applicant's PAN: _____ **Document ID No.:** _____

Date Of Birth: ____ / ____ / ____ **Gender:** _____ **Mobile:** _____

Bank Name: _____

Bank Dept: _____ **Bank PAN:** _____

Address: _____

City: _____ **State:** _____ **Pincode:** _____

Email ID: _____

Affix Passport Size Photo

Cross Signature

Document Section

All supporting documents should be attested by Authorised Signatory of the organisation.

Applicant's Bank ID Card / Letter from Organisation

Authorised Signatory's Organisational ID Card / Letter for Organisation

Organisational PAN Card

PAN Card of Applicant (if PAN provided)

Information for GST Invoice

Same as Above GSTIN: _____

Billing Name: _____

Billing Address: _____

_____ State: _____

Declaration by Applicant

- I have read, understood & agree to the terms & conditions mentioned in the VSign CPS & the subscriber agreement.
- I confirm that the information provided by me in the digital signature application form is correct. I am aware that Section 71 of the 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.

Date: _____

Place: _____

Applicant's Signature

RA Declaration

I declare that the information entered on VSign portal is as per the application form and documents submitted by the subscriber.

Date: _____

RA Code: _____

Registration Authority Signature & Seal

Authorisation Letter

I hereby authorise _____ (applicant name) to apply for "VSign Digital Signature Certificate" on behalf of our organisation. I certify the physical verification of the applicant and confirm that the information submitted by him/her is correct to the best of my knowledge.

Name of Authorising Person: _____

Designation: _____

ID Card: _____

Signature & Seal of Authorised Person