Digital Signature Application Form - Organisation Government

V SIGN
Certifying Authority

Fill using BLUE ink in Block letters

Class	☐ Class 1 ☐ Class 2 ☐ Class 3
Type	☐ Signature ☐ Encryption ☐ Combo

Validity

☐ 1 Year ☐ 2 Years ☐ 3 Years

Application ID

_____

Applicant Information

Name: _____

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

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

Organisation Name: _____

Organisation Unit: _____ **Organisation 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 Government ID Card / Letter from Organisation / Pay Slip (not older than 3 months)**

☐ **Authorised Signatory's Organisational ID Card / Letter of Organisational Identity**

☐ **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

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