

## SafeEXIM Digital Certificate Subscription Form

Certificate Validity  1 Year  2 Years

### Section 1: Subscriber Details

Name\*:

Designation\*:

Date of Birth\*:         Gender\*:  Male  Female

Organisation Name \*:

IEC Code\*:         Branch Code\*:

Organisation Address\*  
(As Per Branch Code)  
 Road/ Street/ Post Office \*:

Town/ City/ District\*:

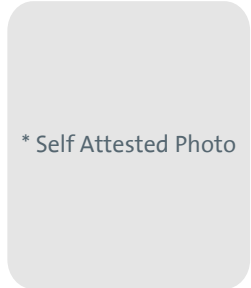
State/ Union Territory \*:

Country\*:  PIN Code\*:

Telephone Number\* (with STD Code):

Mobile Number\*:

Email id\*:



\* Self Attested Photo

### 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:  Date of Issuance:  City: