## APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE



(FOR BANK)																											
Application ID Number (For office	e use only):																										
Instructions:  1. Please fill the form in BLOCK LETTERS only.  2. [*] MARKED Fields are Mandatory.  3. Any discrepancy or inconsistency in the form will lead to delay and / or rejection.  4. Attestation of documents by any: Company Secretary OR Director OR Head of the Department OR present originals to our Registration Authority for verification & attestation.  5. All subscribers are advised to read Certification Practice Statement of e-Mudhra available at <a href="https://www.e-Mudhra.com">www.e-Mudhra.com</a> 6. Applicants for Class III shall present themselves at the RA location where the registration form for Digital Signature Certificate was sent, for verification of physical presence.  Affix recent passport size photograph of the applicant.  Applicant.  Applicant to sign across the photograph extended to application form							ne oss																				
1A. CERTIFICATE CLASS:*  1B. CERTIFICATE TYPE:*  2. CERTIFICATE VALIDITY:*										Y:*	3. USB TOKEN:*																
Class 2 Gold Organisation  Class 3 Platinum Organisation  Class 3 Device/Server  SSL Server								1 Year 2 Years											Required Not Required								
APPLICANT DETAILS* (As per applicant's valid ID Proof at Sl.No.11 below)																											
4. Name:*	Fir	st Na	ame	е					1	Mid	dle	· Na	ame				Last Name/Surname										
Mr. Ms. Dr.																											
5. Date of Birth:*	D D M M Y Y Y 6. Gender:*									<u> </u>	Female																
7. Nationality:*	7. Nationality:*								side	enti	ial s	Sta	tus:	*		Resident Non-Resident											
CONTACT DETAILS*																											
9. Office Address:*																											
Bank Name									Τ					T			T			П							
Flat/Door/Block No.																											
Name of the Premises/Building/Village																											
Road/Street/Lane/Post Office																											
Area/Locality/Taluka/Sub-division																											
Town/City/District	Town/City/District																										
State/Union Territory																											
Pincode																											
Telephone No. (e.g.+91-80-233	33333)																										
Mobile No. (e.g.+91-999999999	9)																										
Fax No. (e.g.+91-80-23333333)																											
IDENTIFICATION DETAILS*																											
10. E-Mail ID:* (Valid and active E-mail ID to be																											
included in the Digital Signature Cert		O.E.																									
11. a) PAN Number:*																								+			
11 h) Valid Identity Details:*								Driving Overer's ID									Bank ID DAN Card										
(Please tick any one and fill the ID number and							License Voter's ID										Card PAN Card										
attach attested copy of ID proof)	Numbe	er:																									

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12	2. DETAILS R	EΩ	LIIRE	:D	IF A	\PF	Ν	IN	G F	OF	۶ <i>د</i>	FR	:VF	R	CF	RT	IFI	CΔ'	TF										
ISP Name	DETAILS I	LQ			,	\ .		11.4				151							-										
Domain Name																													
Domain IP Address																													-
Physical Location (of Server Hosting)			+																							-	-		-
Services Offered on the website			+																							-	-		-
																													-
Name of registrar of Domain  Domain registration validity (DD/MM/YYYY)			+																										-
Domain registration validity (D	D/IVIIVI/TTTT)																												
BANK DETAILS*  13. Bank Details:*  Head Office Registered Office Branch Office Others Specify:																													
	lead Office	$\vdash$	J Ke	gist	ere	ea (	JĦ	ıce	1	$\vdash$	JB	sra	ncr	1 C	1110	ce			Ot	ne	rs S	spe	CIT	y:	-		-	-	
Name of the Bank																													_
Flat/Door/Block No.	6		_																										
Name of the Premises/Building/	'Village																												$\perp$
Road/Street/Lane/Post Office					-	_																				_	4		$\perp$
Area/Locality/Taluka/Sub-division																													$\perp$
Town/City/District																													
State/Union Territory																													
Pincode																													
Telephone No. (e.g.+91-80-23333333)																													
Mobile No. (e.g.+91-999999999)																													
Fax No. (e.g.+91-80-23333333)																													
Bank Website (URL) if any:																													
PAN No. of the Bank* (Attach p																													
PAYMENT DETAILS*																													
14. Mode of Payment*		Online												Cheque/DD															
Online Payment Details									Cheque/DD Payment Details																				
Transaction/Reference No.								Cheque/DD No.																					
Bank Name								Bank & Branch Name																					
Account Type								Account Type																					
Amount Rs.								Amount Rs.																					
Date								Date																					
	DECLARATION*																												
I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and																													
the subscriber agreement and					-																					-		-	
request form is true and correct to the best of my knowledge and I accept publishing my certificate information in						ı in																							
e-Mudhra repository.																													
Date: Place:						Ν	lan	ne	of t	the	e A	pp	lica	nt	:														
Office Seal & Stamp:							S	ign	atı	ıre	:																		

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CHECK LIST OF DOCUMENTS TO BE SUBN	AITTED ALONG WITH THE APPLICATION*									
a. Attested copy of any one Bank ID Card Passpor										
b. Attested Copy of the Bank's PAN Card	Thring Election Voter 315 1744 Card									
c. Authorisation letter in favour of the certificate applicant from the Bank as per format below										
d. Domain Name registration proof from the registrar of Domains (If applying for Device/Server Certificate)										
TO BE FILLED BY I										
I declare that the applicant has provided correct information application form and supporting documents.	in this application form. I have checked and verified the									
RA Code: Name:										
Signature:	-									
Signature.										
Date: Place:	RA Seal & Stamp									
ALITHOPICATION	LETTER FORMAT*									
AUTHORISATION LETTER FORMAT*  (This Authorisation Letter is required on the Bank's letterhead)										
·	uned on the bank's letterneady									
To, e-Mudhra, 3i Infotech Consumer Services Limited,	Date: D D M M Y Y Y Y									
III Floor, Sai Arcade, 56, Outer Ring Road,										
Devarabeesanahalli, Bangalore 560 103, Karnataka, India										
, ,										
Dear Sir,										
Sub: Authorisation letter for obtaining Digital Signature Certificate.										
This is to certify that Mr. /Mrs./Miss	(Certificate applicant) has provided									
•	gital Signature Certificate" to the best of my knowledge and									
	y authorize him/her, on behalf of our Bank to apply for									
obtaining the following Class of Digital Signature Certificate issued by e-Mudhra.										
Class 2 Gold Organisation Class 3 Platinum	· —									
	Details of Executive Authorizing the Applicants:									
Signature:										
Name:										
Designation:										
Department:										
_ spaninson										
Office Seal & Stamp										
CONTACT DETAILS										
e-Mudhra  3i Infotech Consumer Services Limited,										
III Floor, Sai Arcade, 56, Outer Ring Road, Devarabeesanahalli, Bangalore 560 103, Karnataka, India										
Dhono, 101 90 4227 E2001 Leave 101 90 4227 E206										

Phone: +91 80 4227 5300||Fax: +91 80 4227 5306 Email: <u>info@e-Mudhra.com</u>||Website: <u>www.e-Mudhra.com</u>

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