

Customer Identification Number : _____ (for office use only)

PLEASE TICK ANY ONE

Validity 2 Years

OR

Validity 1 Year



INSTRUCTIONS

- Please fill the form in English only in legible format.
- For obtaining Class 3 "In Person verification and video recording of DSC applicant" is mandatory as per CCA - Guidelines.
- As a Pre-requisite once the form is processed, Please send SMS as below to any one of these no. 092239 90613, 090163 60370.
[Customer id :Space[**CID NO.**]Space[**Email:**] Space[_____]
- All supporting documents should be attested by Gazetted Officer or Bank Manager or Post Master and the Name, designation, office address and contact number of the attesting officer should be clearly visible.
- Incomplete application is liable for Rejection. The rejected form would be physically discarded after 15 days from the date of rejection. No request would be entertained with respect to rejected form after the rejection period.
- OID would be as per our CPS. Please refer to our CPS at www.ncodesolutions.com/cps.pdf for more information.
- Incase of keypair been compromised/lost/deleted, please apply for revocation of certificate.
- FIPS 140-1/2 level validated Hardware cryptographic token required to download the DSC.

Applicant Name

APPLICANT TO SIGN ACROSS THE PHOTOGRAPH EXTENDED TO APPLICATION FORM ▶

Surname First Name Middlename

Unique Email ID

Unique Mobile No.

Affix recent
passport size
photograph of the
applicant

GST Number

Identity Detail of Applicant

Please tick any one and
enclose the copy of same

- *PAN Card or *Aadhaar Number
 Driving License
 Passport
 Postoffice ID Card
 Copy of Bank A/c. Passbook containing photo & signed by applicant with attestation by concerned Bank Officer
 Government issued photo ID card bearing the signature of the applicant
- I hereby declare that neither PAN nor Aadhaar Number has been issued to me

*For PAN based DSC, pls provide the PAN Card details and enclose the attested copy of same.

Company Name

Company PAN

Department

Office Address

As per supporting document submitted

Area / Landmark

Town/City/District

State

P I N C O D E

IEC Number

Branch Code

PLEASE NOTE :

"Section 71 of 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.

DECLARATION :

- In case of submission of Aadhaar Card Details, I provide my consent to (n)Code Solutions for using Aadhaar Card details for my identity authentication only.
- I hereby agree that I have read and understood (n)Code Solutions CPS and the subscriber agreement and promise to abide the same. I have read and understood guidelines for storage of private keys mentioned in (n)Code Solutions CPS.
- I hereby authorise (n)Code Solutions to conduct mobile verification as per CCA guidelines, on the number mentioned above.

Date :

Place :

Signature of Applicant
with seal of Organization
(Blue Ink Only)

Verified by (n)Code Office

For RA use only

ALL DOCUMENTS, ADDRESS AND PHYSICAL PRESENCE VERIFIED BY

Seal & Signature

RA Name, Seal & Signature

V 4.7

Toll Free: 1800-419-4455
www.ncodesolutions.com



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Authorization Letter

Please Note: The authorized signatories for applying Digital Signature Certificate should be duly authorized by the resolution of board of directors / Partners.

To,
(n)Code Solutions (A Division of GNFC Ltd.)

This to certify that

Mr. / Ms. _____ (certificate applicant)

Mobile _____ has provided correct information in the application form for issue of Digital Certificate to the best of my knowledge and belief and is working with _____ (organization name). He / She is hereby authorized to obtain a Digital Certificate issued by (n)Code Solutions.

DETAILS OF AUTHORISING PERSON

Name	<input type="text"/>		
Designation	<input type="text"/>	Identity	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> /2017	Signature of Authorising Person (Blue Ink Only) (with seal of Organization)	
Place	<input type="text"/>	[Sign :]

NOTE :

In the case of authorised signatories' self DSC application, It should be counter signed by at least one authorised personal other than authorised signatory.

DECLARATION FOR HSM IN CASE OF (CLASS 2 OR CLASS 3 ORGANIZATIONAL PERSON DSCS)

- The key pair was generated on a HSM which is under the administrative and physical custody of _____ (Organization Name) and that signing key activation controls are only with _____ (the DSC applicant Name)
- The HSM will not be used for any purpose other than for signature by _____ (DSC applicant name)
- The HSM has been configured to ensure that signing keys generated from HSM are not exportable from the HSM
- DSC will be revoked immediately in the event of _____ (the DSC applicant name) quitting or being transferred from _____ (Organization Name)

THE FOLLOWING ARE THE DETAILS OF THE HSM BEING USED

Make	<input type="text"/>
Model	<input type="text"/>
Unique identification number(s)	<input type="text"/>

(n)Code Offices

Corporate Office Gandhingar : 079 - 66743300/200 • dscsales@ncode.in

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