## Digital Signature Application Form - DGFT

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Fill using BLUE ink in Block letters		
Class DGFT	Validity	Application ID
Type         Signature	🗆 1 Year 🛛 2 Years 🔲 3 Years	
Applicant Information		
Name:		
Applicant's PAN: Mobile: _		_
Date Of Birth: / / Gender:		Affix Passport Size Photo
Organisation Name:		Cross Signature
Organisation Dept: Organisa	ition PAN:	_
IEC Code: Branch C	Code:	_

Address:			Company Type:		
		Company 🛛 LLP			
City:	State:	Pincode:	🗆 Partnership 🛛 Proprietorship		
Email ID:			🗆 AOP / BOI 🛛 NGO / Trust		

Document Section

Document Section							
All supporting documents should be attested by Authorised Signatory of the organisa							
Document Name	Company	Partnership	Proprietorship	AOP/BOI	LLP	NGO/Trust	
Organisational ID card / Payroll entry / Slip details / Letter from organisation	<ul> <li></li> </ul>	$\sim$	$\checkmark$	~	<ul> <li></li> </ul>	~	
Copy of Company PAN Card	$\checkmark$	<ul> <li>Image: A set of the set of the</li></ul>	×	<ul> <li>Image: A second s</li></ul>	$\checkmark$	$\checkmark$	
Copy of statement of bank account (First and second page)	$\sim$	<ul> <li>Image: A second s</li></ul>	$\sim$	<ul> <li>Image: A second s</li></ul>	$\sim$	<ul> <li>Image: A second s</li></ul>	
Copy of Incorporation / Registration Certificate	$\checkmark$	×	×	<ul> <li>Image: A set of the set of the</li></ul>	$\checkmark$	$\checkmark$	
Copy of AOA & MOA / Rules / Bye Laws ( First 2 Pages )	$\checkmark$	×	×	$\checkmark$	<ul> <li>Image: A second s</li></ul>	<ul> <li>Image: A second s</li></ul>	
The copy of audit report along with the annual return pertaining to last financial year (First and second page) / Self Affidavit with reason, If not available	~	×	×	×	×	×	
Copy of ITR accompanied by computation of income/financial statement pertaining to last financial year (First and second page)	×	~	~	~	~	~	
Copy of Partnership deed / Copy of LLP agreement / Copy of Trust Deed ( Max of first three pages including list of partners and authorised signatories)	×	~	×	×	~	~	
Copy of Business Registration Certificate (S&E / VAT / ST / GST)	×	×	<ul> <li>Image: A set of the set of the</li></ul>	×	×	×	
Proof of Authorised Signatory ( Board Resolution )	$\checkmark$	×	×	<ul> <li></li> </ul>	$\checkmark$	$\checkmark$	
Authorised Signatory organizational ID Card	$\checkmark$	×	×	<ul> <li>Image: A second s</li></ul>	$\checkmark$	$\checkmark$	
Copy of IEC Certificate	$\checkmark$	<ul> <li>Image: A set of the set of the</li></ul>	<ul> <li>Image: A set of the set of the</li></ul>	<ul> <li></li> </ul>	$\checkmark$	$\checkmark$	
Copy of PAN Card of Applicant, if PAN provided	$\checkmark$	<ul> <li>Image: A set of the set of the</li></ul>	<ul> <li>Image: A set of the set of the</li></ul>	<ul> <li>Image: A set of the set of the</li></ul>	$\checkmark$	$\sim$	
Information for GST Invoice         Same as Above       GSTIN:         Billing Name:							
□ I hereby declare that neither PAN nor Aadhaar Number has issued to me.	been	Authorisation Letter					
Date : Applicant's Signature		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					
RA Declaration information submitted by him/her is correct to the best of my knowledge.				vledge.			
I declare that the information entered on VSign portal is as per the ap form and documents submitted by the subscriber.	plication N	lame of Authorisir	ng Person:	_			
Date :		esignation:		_			
A Code : Registration Authority Signature & Seal ID Card: Signature & Seal of Authorised Personal Signature & Seal					orised Person		
VERASYS TECHNOLOGIES PRIVATE LIMITED, 2nd Floor Bhavna Building, V.S. Marg, Prabhadevi Mumbai- 400025 Website: www.vsign.in   Contact: 91 22 43156000   Email: support@vsign.in							