Digital Signature Application Form - Document Signer



Fill using BLUE ink in Block letters					Certifying Authority		
Class 2 (PFX) Class 3 (HSM)		Validity			Application ID		
Type Document Signer		☐ 1 Year ☐ 2 Years ☐ 3 Years					
Application Information							
Name:							
Applicant's PAN: Mobile:							
					Affix Passport Size Photo		
Date Of Birth:							
Organisation Name:					Cross Signature		
Organisation Dept: Organisation PAN:							
Address: Company Type:							
Otata:				_ company			
City: Pincode:				- ☐ Partnership ☐ Proprietorship			
Email ID:				_ 🗆 AOP / BOI 🗆 NGO / Trust			
Document Section							
All supporting documents should be attested by Authorised Signatory of the organis	sation. Any oth	her Govt. ID card submit	ted as ID proof s	hould be attested	by Bank Manager /	Gazetted Officer.	
Document Name Organisational ID card / Payroll entry / Slip details /	Compan		Proprietorship			NGO/Trust	
Letter from organisation Copy of Company PAN Card	~	~	×	~	~	~	
Copy of statement of bank account (First and second page)	~	~	~	~	~	~	
Copy of Incorporation / Registration Certificate	~	×	×	~	~	~	
Copy of AOA & MOA / Rules / Bye Laws (First 2 Pages)	~	×	×	~	~	~	
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)	×	×	~	×	×	×	
Proof of Authorised Signatory (Board Resolution) Authorised Signatory organizational ID Card	~	×	×	~	~	~	
Copy of PAN Card of Applicant, if PAN provided	~	~	~	~	*	~	
Information for GST Invoice		Declaration by	Applicant				
☐ Same as Above GSTIN:		● I have read, understood & agree to the terms & conditions mentioned in the VSign CPS & the subscriber agreement.					
Billing Name:		that Section 71 of the IT act stipulates that if anyone			e digital signature application form is correct. I am aware e makes a misrepresentation or suppresses any material ch person shall be punishable with imprisonment up to 2		
Billing Address:		years or with fine up to one lakh rupees or with both. • I hereby declare and understand that Organizational Document Signer Certificate issued to us will be used					
State:		only for automated signing of documents/information and will not be used in any other context including individual signature. • I hereby declare that necessary controls have been built in software applications to ensure that there is no					
PAN / Aadhaar Declaration	misuse. •I hereby declare and understand that the documents/messages authenticated using Organisational						
Filled only if applicant does not have both PAN and Aadhaar I hereby declare that neither PAN nor Aadhaar Number has	heen	Document Signer Certificate issued to us is having organisational accountability. Date:					
issued to me.	50011	Place: Applicant's Signature					
Date :		Authorisation Letter					
Applicant's Signatu	ire	I hereby authorise (applicant name) to apply for "VSign Digital Signature Certificate" on behalf of our organisation. I certify the					
RA Declaration I declare that the information entered on VSign portal is as per the apform and documents submitted by the subscriber.	plication	physical verification of correct to the best of r	of the applicant a my knowledge.				
Date :	Designation:						
RA Code : Registration Authority Signature	e & Seal	ID Card: Signature & Seal of Authorised Person					

Registration Authority Signature & Seal