



Registration Form for Digital Signature Certificate [Enterprise]

(n) Code Solutions e-Safe • e-Secure • e-Sure

Customer Identificaton Number : \_\_\_\_\_ (For Office Use Only)

Instructions :

- 1. The Form is divided into 2 parts; Form A and Form B.
2. Form A contains details of certificate applicant and needs to be filled up each time. Form B contains organizational details and needs to be filled up only once for an Enterprise / Organization.
3. Please fill the form in BLOCK LETTERS in English only.

Affix recent passport size photograph of the Applicant (sign across photo)

FORM A

1. TYPE OF DIGITAL CERTIFICATE

1. Class IIb [ ] 2. Class IIIb [ ] 3. Class IIIc [ ]

2. CERTIFICATE VALIDITY 1 Yr. [ ] 2 Yrs. [ ]

3. NAME OF THE APPLICANT (As required in the DIGITAL CERTIFICATE) (Please ensure that the name as it appears in the Identity Proof matches with the name mentioned below)

[Grid for name entry]

4. OFFICE ADDRESS

[Grid for address line 1]

[Grid for address line 2]

Town / City/ District

[Grid for town/city/district]

State / Union Territory

[Grid for state/union territory]

Pin

[Grid for pin code]

Contact No.

[Grid for STD Code]

[Grid for Phone No.]

[Grid for Fax No.]

(STD Code)

Phone No.

Fax No.

Mobile Phone No.

[Grid for mobile phone number]

5. DATE OF BIRTH

[Grid for date of birth]

DATE MONTH YEAR

eg. DD MM YYYY

6. E-MAIL ADDRESS

[Grid for email address]

7. IDENTITY DETAILS

(Please tick and fill ANY ONE)

No.

[Grid for identity details number]

Passport / Voter's ID / PAN / Driving Lic. / Ration Card No. / PF Ac.



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FORM B

1. ORGANIATIONAL DETAILS TO BE FILLED UP ONLY ONCE FOR A ORGANIZATION

(Please disregard if already submitted)

Corporate / Head / Registered Office Address :

Company Name [grid]

Address [grid]

[grid]

Town / City / District [grid]

State / Union Territory [grid]

Pin [grid]

Contact No. [grid] [grid] [grid]

(STD Code) Phone No. Fax No.

Corporate Web site (URL) [grid]

Income Tax PAN No. [grid]

Bank Details :

Bank Name [grid]

Bank Account No. [grid]

I hereby agree that I have read and understood the provisions of the (n) Code Solutions CA CPS and the Subscriber Agreement and promise to abide by the same.

Place :

Date :

Signature of Applicant

[Name : ]

Authorizaton Letter

(This Authorization Letter is required on the Organization's letterhead)

To, (n) Code Solutions, A Division of Gujarat Narmada Valley Fertilizer Company Limited

This is to certify that :

Mr./Ms. \_\_\_\_\_ (certificate applicant) has provided correct information inthe Application Form for issue of Digital Certificate to the best of my knowledge and belief and is working with \_\_\_\_\_ (orgaization name). He/ She is hereby authorized to obtain a Class IIb / Class IIIb / Class IIIc Digital Certificate issued by (n) Code Solutions CA.

Details of Authorized Person :

Name : \_\_\_\_\_
Designation : \_\_\_\_\_
Organization Name : \_\_\_\_\_
Signature (with stamp of Orgn. / Office) : \_\_\_\_\_
Date : \_\_\_\_\_
Place : \_\_\_\_\_

Licensed Certifying Authority