VEEYESKAY CONSULTAN www.veeyeskay.com	NCY SERVI	CES PVT LTD			sify sa	fescrypt *
SafeEX		Digital Ce	ertificate	Subscriptio	n Form	
Certificate Valid	dity 1	year 2 y	ears	Request Id		
			Section 1 : Su	bscriber Details		
NAME: (of applying						Sign half across
individual)						photo & half on form with BLUE PEN
Designation:						
Date of Birth:				Gender: Male	Female	
Organisation Name:						
IEC Code:				Branch Code:		
Organisation Address: (as per Branch Code)						Use blue-ink only including signature
Road/Street/Post Office:						<ul> <li>Ensure the Name,</li> <li>Designation, Address</li> <li>and Contact number</li> </ul>
Town/City/District:						of the attesting officer is present in at
State/Union Territory: Country:						least one of the attestation document
Postal Code:				] ]		
Telephone Number (with STD Code):						
Mobile Number: (unique to the dsc):						
E-mail Id :(unique to the dsc):						
Section 2 : Identity Proof Details  Photo Identity Proof  Address Proof						
Identity Proof Name (e.g. PAN or Passport or Driving Licence of applying individual) Identity Proof Number				Address Proof Name (Organisation address proof )		
Note: Subscriber's signature should appear on the Photo ID Proof						
Section 3 : Declaration  I hereby declare that all the information provided on this Subscription Form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for a digital signature certificate, the duties and responsibilities are applicable under the IT Act, India and the SafeScrypt CA CPS https://www.safescrypt.com/ pdf/cps.pdf and also under the Section 71 of IT Act which 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.						
Signature of the Subscriber (Applying Individual):  Use Blue Pen Only						
Date:			Place:			
Section 4: Authorisation						
I,acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.						
Signature of Authoriser with Organisation Stamp/Seal:  Use Blue Pen Only						
FOR OFFICE USE ONLY						
Partner Name:			Sify RA:		Date of Issuance:	
Safescrypt CA Service brought to you by: Sify Technologies Ltd.						