

Partner Name:	
Sify RA:	
Date of Issuance:	

DOCUMENT CHECKLIST FOR ORGANIZATION CERTIFICATE

Document of the Applicant –

- * Proof of Identity: PAN Card of the application – Self attested
- * Proof of Address: Aadhar Card or Passport or Driving License - Self attested

Note : Proof of identity and address shall be attested by Banker or Post Master or Group A or Group B Gazatted office. This attestation is not required if applicant process digital signature through Aadhar Card

Document for Organization – All Documents to be Attested by Authorized Signatory with Stamp or Seal

Type of Organization Document	Company	Partnership	Proprietor ship	Others
Copy of Organization PAN Card / Proprietor PAN Card	✓	✓	✓	✓
Copy of Organizational Bank Statement (Latest 2 Pages)	✓	✓	✓	✓
Copy of Incorporation / Registration Certificate of Organization / Business Registration Certificate (VAT ,ST, S &E)	✓		✓	✓
Copy of Memorandum & Articles / Partnership deed / Bye Laws (First 2 Pages)	✓	✓		✓
Copy of Last Audit Report & Annual Return (First 2 Pages)	✓			✓
Copy of Latest ITR With Computation		✓	✓	✓
Copy of Resolution Empowering the Authorized Signatory *	✓			✓

***Note:**

Resolution not Required if Authorization Made by Directors / Partners of the Organization – Identity Proof of Such Person which contain their Signature Should be attached to the Form

Sample Format of Resolution

Extracts of the meeting of the [Partners/Board of Directors/Governing Body] of [Name of the Organisation] held on [Date]

“Resolved that Mr. **[Name of the person being appointed for authorization]**, whose details, photo and signature given below, be and is hereby appointed to Authorize **[all or any or selected Persons of the Organisation as per list]** at **[Name of branch/Unit/Department]** for obtaining Digital Signatures of **[Class 3 with Organisation Name having Validity 2 years for Signing]** on behalf of the Organisation.”

Name of the person Appointed for Authorization: Designation : Department: Employee Code: Employee ID Card No : Address: Signature: Contact No. Date:	Photo of the Person with seal of the Organisation
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Certified true Copy
For **[Name of the Organisation]**

Signature of the Partner/Director/Chairman/Secretary/Head of Department