

## SafeEXIM Digital Certificate Subscription Form

Certificate Validity 1 Year ☐ 2 Years ☐

REQUEST ID :

## Section 1: Subscriber Details

Name\*: Designation\*: Date of Birth\*:         Gender\*: ☐ Male ☐ FemaleOrganisation Name \*: IEC Code\*:  Branch Code\*: Organisation Address\*  
(As Per Branch Code): Road/ Street/ Post Office \*: Town/ City/ District\*: State/ Union Territory \*: Country\*:  PIN Code\*: Telephone Number\* (with STD Code): Mobile Number\*: Email id\*: 

\* Self Attested Photo

SIGN ACROSS  
PHOTO

## Section 2: Identity Proof Details

Subscriber's Photo Identity Proof*		Organisation's Address Proof*	
Identity Proof Name ( Eg: Pan Card, DL, Passport, ...)	<input type="text"/>	Address Proof Name ( Eg: Latest Telephone Bill, Sales Tax, ...)	<input type="text"/>
Identity Proof Number	<input type="text"/>		

Note\*: Subscriber's signature should appear on the Photo ID Proof.

## Section 3: Declaration

I hereby declare that all the information provided in 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 SafeScript CA's CPS <https://www.safescript.com/pdf/cps.pdf>.

Signature of the Subscriber\*

SIGNATURE OF  
APPLICANTDate\*:        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 &amp; Organisation seal\*

AUTHORIZING PERSON SIGN  
WITH COMPANY SEAL

## For office use only

Partner Name: Date of Issuance: City:

## 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 IEC (Import Export Code) Certificate	✓	✓	✓	✓
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.”

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

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