

## SafeEXIM Digital Certificate Subscription Form

Certificate Validity  1 Year  2 Years 

## 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

## 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.safescrypt.com/pdf/cps.pdf>.

Signature of the Subscriber\* 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 & Organisation seal\* 

## For office use only

Partner Name: Date of Issuance: City: