

B. P. Mundra & Co.

Chartered Accountants

822-A, Mundra House, Shivaji Nagar, Civil Lines, Jaipur- 302006.

Dial: Office-91-141-2225110, 2224085, 2225116 Mobile: 9314501680, 9314501791

Email: office@bpmundra.com web site bpmundraca.com

1. To get digital signature we need following documents duly self attested:-
 - a. Copy of PAN Card
 - b. Copy of Aadhar Card / Driving Licence / Passport / voter id / Telephone bill / electricity/ water bill
 - c. Photo
 - d. Mobile number
 - e. Email id
 - f. Fees of Rs. 1770/- (Rs. 1500+GST of Rs. 270). You may send the cheque of Rs. 1770 also in the name of **B. P. Mundra & Co.**
2. On receipt of above we shall fill the form and then your signature is also required. You may take print out of attached form and get it printed. After print you may affix the photo and do the signature in such a way that your signature will be on photo and form both. Please take care that don't sign on the portion of photo on which your face is appearing. Please ensure to sign on Section 3rd where clearly written for signature. Please send in 3 sets.
3. Please note that above documents should be self attested.
4. Please call Mr. Dharam Raj 0141-2225110, 2225116, 2224085 9784343961

Digital Signature Certificate Subscription Form

Class of Certificate	Class 2 <input type="checkbox"/>	Individual <input type="checkbox"/>	Signing <input type="checkbox"/>	1 Year <input type="checkbox"/>	Request Id: <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
	Class 3 <input type="checkbox"/>	With Org Name <input type="checkbox"/>	Encryption <input type="checkbox"/>	2 Years <input type="checkbox"/>	

Section 1: Subscriber Details

Name*:

Designation :

Date of Birth*:

 /

 /

 Gender*: Male Female

Address (Residential address in case of Individual or Organization address in case of DSC with ORG)

Organisation Name * :

(Mandatory in case of ORG DSC)

Door No/Building Name * :

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

- Use blue-ink only including signature.
- Ensure the Name, Designation, Address and Contact number of the attesting officer in at least one of the attestation document.

Section 2: Identity Proof Details

<p>Photo Identity Proof *</p> <p>Identity Proof Name <table border="1" style="width: 100%; height: 20px;"></table> <small>(Eg: Pan Card, DL, Passport, ...)</small></p> <p>Identity Proof Number <table border="1" style="width: 100%; height: 20px;"></table></p>	<p>Address Proof *</p> <p>Address Proof Name <table border="1" style="width: 100%; height: 20px;"></table> <small>(Eg: Passport, DL, Latest Telephone Bill, ...)</small></p>
---	---

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 the digital signature certificate, the duties and responsibilities which are applicable under the SafeScript 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*

Date*:

 /

 Place*:

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.

Section 4: Authorisation (only for ORG DSC)

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

Attestation By Sify Authorised LRA/Partner* (For Class3DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal *

Date *

 /

 Name *

Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.

Safescrypt CA Services brought to you by:

Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai - 600 113. E-Mail: enquiries@safescrypt.com

Partner Name:	<table border="1" style="width: 100%; height: 20px;"></table>
Sify RA:	<table border="1" style="width: 100%; height: 20px;"></table>
Date of Issuance:	<table border="1" style="width: 100%; height: 20px;"></table>