## **APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE**

## FOR ORGANISATION



FUR URGANISATION				ust D	errvere	
Application ID: (S)			(For Office Use Only)			
PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY						
More Instructions available at: http://www.e-mudhra.com/instruction.html						
APPLICANT INFORMATION			Affix recent passport size photograph of the applicant duly			
5 dd`]WUbh Name						
ate of Birth D D M M Y Y Y Y Gender Male Female Nationality						
Organisation Name			signed across			
Department						
Org Address						
			CLASS:			
			Class 1	Class 2	Class 3	
City	Pin code		TYPE:			
State			Signature	Encryptio	on 🗌 Combo	
PAN of Applicant Mobile						
Aadhaar (NOTE : Either PAN and / or	r Aadhaar No. is mand	latory)	VALIDITY:			
Email ID			1 Year	2 Years	3 Years	
DOCUMENT PROOF (attested by Authorized Signatory of the Organization)						
Organization Type: Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST						
Document Name	Company Par	rtnership Propr	ietorship AO	P/BOI LLP	NGO/Trust	
Copy of Applicant's Organizational ID Card / Letter from Organization / Pay Slip	✓ ·	✓	✓	✓	<b>√</b>	
Copy of Organizational PAN Card	✓	✓		✓	✓	
Copy of Bank Statement (First 2 Pages)	✓	✓	<b>√</b>	<b>√</b>	✓	
Copy of Incorporation/Registration Certificate	✓			<b>✓</b> ✓	✓	
Copy of AOA & MOA / Rules / Bye laws (First 2 Pages)	✓			<b>✓</b>	✓	
Copy of Last Income Tax Return / Audit Report & Annual Return / Self Affidavit with reason, if not available (First 2 Pages)	<b>✓</b>	✓	<b>✓</b>	✓	~	
Copy of Partnership Deed / Trust Deed / LLP Agreement containing the List of Partners / Signatories (2 Pages)		✓		~	<b>√</b>	
Copy of Business Registration Certificate (S&E / GST / Any other Government Registration)			<b>√</b>			
Proof of Authorized Signatory (Board Resolution)	✓			✓ ✓	✓	
Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity	<b>√</b>	✓	<b>√</b>	<b>√ √</b>	✓	
Copy of PAN Card / Aadhaar Card of Applicant, either one is Mandatory	*	*	*	* *	*	
DECLARATION BY APPLICANT AUTHORIZATION						
I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated cryptographic module.  Date						
Signatu	ire of the applicant					
Place (As in ID proof   Blue link Only) Authorized Signatory (Sign and Seal)						
TO BE FILLED BY RA OFFICE ONLY  I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. I hereby						
take full responsibility for any wrong verification made, or wrong documents submitted for the application.						
Date DANI	ama Cada 8 Sa	ol.	Signaturo o	f D A		

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