# Digital Signature Application Form – Organization Government

**Class**: ☐ class 2  ☐ class 3       **Type :** ☐ Signature  ☐ Encryption  ☐ Combo

| Application Id | | **Validity :** ☐1 Year  ☐2 Year  ☐3 Year |
|---|---|---|
| (S) _____ | (E) _____ | |

## Application Information:

**Name:** _____

**Applicant's PAN:** _____ **Government ID No.:**_____

**Date of Birth:** _____ **Gender:** _____ **Mobile:** _____

**Organization Name:** _____

 **Organization Unit:** _____ **Organization PAN:** _____

**Address:** _____

 _____

**City:** _____ **State:** _____ **Pin code:** _____

**Email ID:** _____

Affix Passport Size Photo

Cross Signature

## Document Section:

All supporting documents should be attested by Authorized Signatory of the organization.

☐ **Applicant's Government ID Card / Letter from Organization / Pay Slip**

☐ **Authorized Signatory's Organizational ID Card / Letter of Organizational Identity**

☐ **PAN Card of Applicant (if PAN provided)**

## For CA Verification Officer Use:

Name: _____

Place: _____

Date: _____   _____
                                 **CA V.O. Signature**

## Declaration by Applicant

- I confirm that the information provided by me in the digital signature application form is correct. I am aware that Section 71 of the IT act 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.
- I have read, understood & agree to the terms & conditions mentioned in the PantaSign CPS & the subscriber agreement.

Date: _____

Place: _____   _____
                          **Applicant's Signature**

## RA Declaration

I declare that the information entered on PantaSign portal is as per the application form and documents submitted by the subscriber.

Date: _____

RA Code: _____   _____
                            **Registration Authority Signature & Seal**

## Authorization Letter

I hereby authorize_____ to apply for "PantaSign Digital Signature Certificate" on behalf of our organization. I certify the physical verification of the applicant and confirm that the information submitted by him/her is correct to the best of my knowledge.

Name of Authorizing Person: _____

**Designation:** _____

**ID Card:** _____   _____
                                **Sign. & Seal Authorized person**

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