

## RCAI Class 2 - Digital Signature Certificate(DSC) Subscription Form

### Instructions for filling in the application form:

1. This form is to be filled by the individual for whom the DSC is intended.
2. Please ensure that the form is complete in all respects. If you require assistance, please consult your authorized safescript representative.
3. Incomplete forms would delay the certificate issuance process. Therefore, please fill in all fields unless marked "optional".
4. Use only BLOCK LETTERS to fill the form. Check all boxes wherever applicable
5. You are urged to review our CPS while applying for a certificate. (<http://www.safescript.com/pdf/cps.pdf>)
6. Detailed instructions for certificate issuance will be provided by your authorized safescript representative.
7. Additional address proof has to be submitted along with attestation
8. \* Indicates mandatory fields.

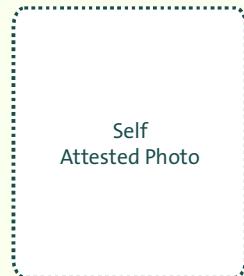
### Section: 1

For official use only	
Partner Code	
City	
Date of Application	
CD Serial No.	
Remarks	
DSC Issued on	

Class of Certificate : RCAI Class 2	Certificate Type : Individual <input type="checkbox"/> With ORG NAME <input type="checkbox"/>
Certificate Validity * (Tick as applicable)	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 year

### Applicant details :

First Name *	:	<input type="text"/>
Middle Name	:	<input type="text"/>
Last Name *	:	<input type="text"/>
Date of Birth *	:	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Sex *	:	<input type="checkbox"/> Male <input type="checkbox"/> Female



### Address (Residential address in case of RCAI class 2 Individual or Organization address in case of RCAI class 2 with ORG Name)

Organisation Name * (Mandatory in case of ORG DSC)	:	<input type="text"/>
Door No/Building Name *	:	<input type="text"/>
Road/ Street/ Post Office *	:	<input type="text"/>
Town/ City/ District *	:	<input type="text"/>
State/ Union Territory *	:	<input type="text"/>
PIN Code *	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Telephone Number \* :

Mobile Number :

#### Section 2:

Please submit a VALID e-mail address which will be used to receive the digital certificate. The same e-mail address should also be used while enrolling for the digital certificate online.\*:

#### Section 3a: Identity Details

- Please provide details of a government-issued photo identity proof being enclosed by you
- Acceptable photo IDs include passport, voter ID card, PAN card, and driver's license
- If you are presenting any other type of government-issued photo ID, please specify details in the 'Identity proof submitted' field below
- The photocopy of the specified photo-ID is required to be duly attested by your banker / public notary / gazette officer / safescrypt prevalidated signatory / Sify LRA

Identity Proof submitted \* :

Identity Proof Number \* :

#### Declaration:

I hereby declare that all information provided on this Certificate Application Form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge.

Signature of the Applicant \* :

Date \* :

Place \* :

#### Section 4: Attestation by Banker / Notary / Gazette Officer / Sify Prevalidated Signatory / Sify LRA

I hereby declare that the applicant has presented to me the original documents of ID proof and I have attested the photocopies of the same as TRUE COPY

or

I, as a Bank Manager, hereby certify that the applicant, as appearing above, maintains account with this bank /branch and his/ her signature is correct as per bank records

Signature & Seal \* :

Date \* :

Name \* :

Name of the Bank & Branch \*  
(Applicable if attestation is by a Bank Manager) :

Note: SafeScript, at its discretion, will make a telephone call to verify the details of this attestation.