sify safescrypt **SafeEXIM Digital Certificate Subscription Form** 2 years **Certificate Validity** 1 year Request Id Section 1: Subscriber Details NAME Sign half across (of applying photo & half on individual) form with BLUE PEN Designation: Date of Birth: Organisation Name: IEC Code: **Branch Code:** Use blue-ink only Organisation Address: including signature (as per Branch Code) Ensure the Name, Road/Street/Post Office: Designation, Address and Contact number Town/Citu/District: of the attesting officer is present in at State/Union Territory: least one of the attestation document Country: Postal Code: Telephone Number (with STD Code): Mobile Number: (unique to the dsc): E-mail Id: (unique to the dsc): Section 2: Identity Proof Details **Photo Identity Proof** Address Proof Identity Proof Name Address Proof Name (e.g. PAN or Passport or Driving Licence of (Organisation address proof) applying individual) **Identity Proof Number** Note: Subscriber's signature should appear on the Photo ID Proof Section 3: Declaration I hereby declare that all the information provided on 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 SafeScrypt 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 (Applying Individual): Date: Place: Section 4: Authorisation _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 of Authoriser with Organisation Stamp/Seal: -- FOR OFFICE USE ONLY --Partner Name: Sify RA: Date of Issuance: Safescrypt CA Service brought to you by: Sify Technologies Ltd.