



## Individual **Digital Certificate Registration Form**

Form ID

Applicant Name Firs	st Name	Date of B	irth	
	e name surname	PAN Num	: No	affix recent passport size photograph of the applicant
				ne photograph extended to application form
Email ID				
Class 2 3 Year 1 2 3	Type Signing	Sign & Encrypt		
Residential Address				
Town/City/District	State/Union	Territory		PIN
Identity Proof PAN Card Post Off		-		d signature by individual signature of the individual.
licence				
Address Proof Passport Voter II Card	Connection E		vices Tax / Vat Tax / es Tax Reg. Certificat	Telephone Bill
		erty Tax / Corporation icipal Corporation Re		tatement Aadhar by Manager
INSTRUCTIONS:	7. Mot	ile & Email verification b	y the applicant are mand	latory.
1. Please fill up the form in 'English' only.		<ol><li>The certificates must be downloaded only in a cryptographic device.</li></ol>		
<ol><li>Incomplete, illegible or inconsistent applications will be reje</li></ol>	<b>3.</b> App	licants must refer to Cap	pricornid CPS at www.ce	rtificate.digital
<ol><li>Supporting documents should be attested either by a bank a Gazette officer or a Post Master.</li></ol>	manager, 10. Con	tact us at : support@ce	rtificate.digital or at +91	11 22422444
<ol> <li>The utilities bill or bank statement should not be older than 3 months from the application date.</li> </ol>		<ol> <li>The forms must be sent to: 709,Roots Tower,plot-7,laxmi nagar district centre, Delhi-110 092,India.</li> </ol>		
<ol><li>Please ensure that tax related supporting documents shoul the most recent year if not current then previous year.</li></ol>	d be of I her	encryption certificate only reby undertake that a bac		ion key will be securely
6. For CLASS 3 certificates physical presence of applicant is	mair	ntained by us.		

## Applicant Declaration

I hereby agree to abide and confirm, that I have read and understood provisions guidelines & practices of Certificate.Digital CPS and the subscriber agreement. The information provided in this application form is correct and true in all respects.

Signature with seal of the organization

Date:

Place:

## For office use only.

## Associate Declaration

I have checked and verified the documents and signature of the applicant. It is concluded that the information provided is correct and verified. I recommend a digital signature certificate be issued to the applicant.

Approved by Verification Officer

Associate Name , Stamp & Signature

Stamp & Signature