

For official use only

## 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 inten	2												
	orm is complete in all respects. If you requi horized safescrypt representative.	ire assistance,	Partner Code City											
3. Incomplete forms would fill in all fields unless ma	d delay the certificate issuance process. The arked "optional".	Date of Application												
4. Use only BLOCK LETTERS	5 to fill the form. Check all boxes wherever	CD Serial No.												
(http://www.safescrypt			Remarks											
<ol><li>Detailed instructions fo safescrypt representative</li></ol>	r certificate issuance will be provided by yo ve.													
7. Additional address proo	f has to be submitted along with attestation	on	DSC Issued on											
8. * Indicates mandatory fields.														
Section: 1														
Class of Certificate : RCAI	Class 2	Certificate Typ	pe : Individual											
		With ORG NAME												
Certificate Validity * (Tick	as applicable)	1 year	2 year											
Applicant details:				,4										
First Name *														
Middle Name	:			Self										
Last Name *				Attested Photo										
Date of Birth *														
Sex *	: Male Female													
Address (Residential address in ca	se of RCAI class 2 Individual or Organization address in	case of RCAI class 2 with	n ORG Name)											
Organisation Name * (Mandatory in case of ORG DSC)	:													
(aaato.y ease or one soe,														
Door No/Building Name *	:													
Road/ Street/ Post Office *														
Town/ City/ District *														
State/ Union Territory *														
PIN Code *														

Tel	ephone Number *	:																				
Mo	bile Number	:																				
Ple	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.*:																					
•																						
																N						
Ide	ntity Proof submitted *			:																		
Ide	ntity Proof Number *			:																		
De	claration:															'					'	
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.																						
Sig	nature of the Applicant *			:																		
Da	te*			:		) [		М	M	Υ	Υ	Υ		Υ								
Pla	ce *			:																		
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																						
Sig	nature & Seal *			:																		
Da	te*			:		) [		Μ	M	Υ	Υ	Υ		Υ								
Na	me *			:																		
	me of the Bank & Branch * plicable if attestation is by a Bank Ma	anage	er)	:																		

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