

# **SafeEXIM Digital Certificate Subscription Form**

	Certificate Validity 1	Year 2 Years		
Section 1: Subscriber Details				
Name*:				
Designation*:			* Self Attested Photo	
Date of Birth*: DDMMMYYYY Gender*: Male Female				
Organisation Name * :				
IEC Code* :		Branch C	ode* :	
Organisation Address* :  (As Per Branch Code)  Road/ Street/ Post Office * :				
Town/ City/ District* :				
State/ Union Territory * :				
Country* :	PIN Code*:			
Telephone Number* (with STD Code) :				
Mobile Number* :				
Email id* :				
Section 2: Identity Proof Details				
	Section 2: lue	ntity Proof Details		
Subscriber's Photo Identity Proof*	Section 2: luc	Organisation's Addres	s Proof*	
Subscriber's Photo Identity Proof*  Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number	Section 2: rue	-	ss Proof*	
Identity Proof Name (Eg: Pan Card, DL, Passport,)		Organisation's Address Address Proof Name (Eg: Latest Telephone Bill,	ss Proof*	
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number	r on the Photo ID Proof.	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill,	ss Proof*	
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number	or on the Photo ID Proof.  Section 3  ided in this Subscription Form for the radigital signature certificate, the dual	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill, Sales Tax,)  Declaration e purpose of obtaining a digital	certificate is true and correct to the best of	
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number  Note*: Subscriber's signature should appear I hereby declare that all the information proving knowledge. I am aware, as a subscriber for	or on the Photo ID Proof.  Section 3  ided in this Subscription Form for the radigital signature certificate, the dual	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill, Sales Tax,)  Declaration e purpose of obtaining a digital	certificate is true and correct to the best of	
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number  Note*: Subscriber's signature should appear I hereby declare that all the information proving knowledge. I am aware, as a subscriber for SafeScrypt CA's CPS https://www.safescrypt.	r on the Photo ID Proof.  Section 3 ided in this Subscription Form for the radigital signature certificate, the dust.com/pdf/cps.pdf.  Place*:	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill, Sales Tax,)  Declaration e purpose of obtaining a digital ties and responsibilities are app	certificate is true and correct to the best of	
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number  Note*: Subscriber's signature should appear I hereby declare that all the information proving knowledge. I am aware, as a subscriber for SafeScrypt CA's CPS https://www.safescrypt.	r on the Photo ID Proof.  Section 3 ided in this Subscription Form for the radigital signature certificate, the dubt.com/pdf/cps.pdf.  Place*:  Section 4:	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill, Sales Tax,)  Declaration e purpose of obtaining a digital ties and responsibilities are app	certificate is true and correct to the best of olicable under the IT Act, India and the	
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number  Note*: Subscriber's signature should appear I hereby declare that all the information proving knowledge. I am aware, as a subscriber for SafeScrypt CA's CPS https://www.safescrypt.	r on the Photo ID Proof.  Section 3 ided in this Subscription Form for the radigital signature certificate, the dubt.com/pdf/cps.pdf.  Place*:  Section 4:  acking cords. I fully understand that the Subscription	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill, Sales Tax,)  Declaration e purpose of obtaining a digital ties and responsibilities are app	certificate is true and correct to the best of plicable under the IT Act, India and the	
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number  Note*: Subscriber's signature should appear I hereby declare that all the information proving knowledge. I am aware, as a subscriber for SafeScrypt CA's CPS https://www.safescrypt Signature of the Subscriber*  Date*: D D M M Y Y Y Y  I,	r on the Photo ID Proof.  Section 3 ided in this Subscription Form for the radigital signature certificate, the dubt.com/pdf/cps.pdf.  Place*:  Section 4:  acking cords. I fully understand that the Subscription	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill, Sales Tax,)  Declaration e purpose of obtaining a digital ties and responsibilities are app	certificate is true and correct to the best of plicable under the IT Act, India and the	
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number  Note*: Subscriber's signature should appear I hereby declare that all the information proving knowledge. I am aware, as a subscriber for SafeScrypt CA's CPS https://www.safescrypt. Signature of the Subscriber*  Date*: D D M M Y Y Y Y  I,	r on the Photo ID Proof.  Section 3 ided in this Subscription Form for the radigital signature certificate, the dubt.com/pdf/cps.pdf.  Place*:  Section 4:  acking cords. I fully understand that the Subte Certificate in case the employee leave	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill, Sales Tax,)  Declaration e purpose of obtaining a digital ties and responsibilities are app	certificate is true and correct to the best of plicable under the IT Act, India and the	

SafeScrypt CA Services brought to you by:

### **Annexure B: Signature Verification Letter**

## <To be printed on the letterhead of the EXPORT / IMPORT Organization>

### **Signature Verification Letter**

#### TO SAFESCRYPT LIMITED

This is to Certify that	(Name of the		
Organization) with the Office at			
(Address of the Organization) is mainta	aining a bank account (A/c No.		
) with our Bank	(Bank Name) and		
operating that account in the normal	course of its business/activities.		
Mr is the authorized	signatory for the operation of the account.		
His signature as appearing below is duly attested (a	as per the records available with the bank).		
(Signature of the Authorized Signatory)	(Signature of the Branch Manager)		
Name:	Name:		
Designation:	Designation:		
Designation.	Phone No:		
Date:	(Bank Seal)		