

SafeEXIM Digital Certificate Subscription Form

	Certificate Validity 1 Ye	ear 2 Years	REQUEST ID :					
Section 1: Subscriber Details								
Name*:								
			* Self Attested Photo					
Designation*:			Sell Attested Floto					
Date of Birth*: DDMMYYY Gender*: Male Female								
Organisation Name * :								
IEC Code* :		Branch Coo	de* :					
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* :	<u> </u>	" " <u>" </u>						
Section 2: Identity Proof Details								
	Section 2: Ident	ity i foot betails						
Subscriber's Photo Identity Proof*	Section 2: Ident	Organisation's Address	Proof*					
Identity Proof Name	Section 2: Ident	Organisation's Address Address Proof Name	Proof*					
Identity Proof Name (Eg: Pan Card, DL, Passport,)	Section 2: Ident	Organisation's Address	Proof*					
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number		Organisation's Address Address Proof Name (Eg: Latest Telephone Bill,	Proof*					
Identity Proof Name (Eg: Pan Card, DL, Passport,)	the Photo ID Proof.	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill, Sales Tax,)	Proof*					
Identity Proof Name (Eg: Pan Card, DL, Passport,) Identity Proof Number Note*: Subscriber's signature should appear on	the Photo ID Proof. Section 3: I	Organisation's Address Address Proof Name (Eg: Latest Telephone Bill, Sales Tax,) Declaration						
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Important Instruction DGFT (SafeExim) Digital Signature (Non Aadhaar eKYC based)

The Controller of Certifying Authorities of India has specified Identity Verification Guidelines and has made the same Mandatory w.e.f. July 01 2015. In accordance with the guidelines the Applicant should comply with the following.

Section 71 of IT Act 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.

- Please fill the form in BLOCK LETTERS in English. Use only <u>Blue Ink</u>. All signatures including DSC applicant, attestation and authorization should be with blue-ink only.
- Subscriber has cross-signed the photograph extending to the Application Form.
- If the Signature on the Proof of Identity or Proof of Address does not match with the Signature on the Subscription Form, it should be validated by the bank where the Subscriber holds a bank account.
- In the case of applicant is unable to sign due to disability, paralysis, or other reasons, the DSC issuance should be through Aadhaar eKYC service.
- Power of attorney is not allowed to sign on behalf of subscriber.
- Inconsistent/incomplete applications are liable to be rejected.
- Subscriber's Email ID in the application should be a valid and active, in order to issue the certificate.
- Mobile Number of DSC Subscriber is Mandatory.
- USB Token (FIPS 140-1/2 level validated Hardware Token) is required for generation of Signing Certificates.
- Proof of PAN is mandatory if PAN value is to be included in the Certificate (Required for Income Tax)

Document for Indian Nationals

Document as proof of identity (Any one)

- a) Valid Passport
- b) Valid Driving License
- c) PAN Card
- d) Valid Post Office ID card
- e) Bank Account Passbook containing the photograph and signed by an individual with attestation by the concerned Bank official.
- f) Valid Photo ID card issued by the Ministry of Home Affairs of Centre/State Governments.
- g) Any Government issued valid photo ID card bearing the signatures of the individual.

Attestation

Attestation of supporting documents by RA or its Associates is no more allowed. Copy of supporting document should be attested by Authorised executive/Manager of the Bank or Post Master or Group 'A' or Group 'B' Gazetted officer after physical verification of original documents and with his Seal & Signature specifying his

Name, designation, office address and contact number which should be clearly visible.

Group 'A' Gazetted officers include

- a) All India services though posted to states
- b) Promotes from states to the cadre of Assistant commissioner and above
- c) Police officers (Circle Inspector and above)
- d) Additional District Civil surgeons
- e) Executive Engineers and above
- f) District Medical Officer and above
- g) Lt. Col and above
- h) Principals of Government Colleges and above
- i) Readers and above of Universities
- j) Patent Examiner etc.

Group 'B' Gazetted officers include

- a) Section Officer
- b) BDO (Block Development Officer)
- c) Tahsildar
- d) Junior Doctors in Government Hospitals
- e) Assistant Executive Engineer
- f) Lectures in Government colleges
- g) Headmaster of Government high schools
- h) 2nd Lieutenant to Major
- i) Magistrate etc.

Document for Organization - All Documents to be Attested by Authorized Signatory with Stamp or Seal

Type of Organization Document		Partnership	Proprietor ship	Others
IEC Certificate	V	٧	٧	٧
Copy of Organization PAN Card / Proprietor PAN Card	٧	٧	٧	٧
Copy of Organizational Bank Statement (Latest 2 Pages)	٧	٧	٧	٧
Copy of Incorporation / Registration Certificate of Organization / Business Registration Certificate (VAT ,ST, S &E)	٧		٧	٧
Copy of Memorandum & Articles / Partnership deed / Bye Laws (First 2 Pages	٧	٧		٧
Copy of Last Audit Report & Annual Return (First 2 Pages)	٧			٧
Copy of Latest ITR With Computation		٧	٧	٧
Copy of Employee ID / Payslip of Authorizing Person (Who has authorized in Section -4 of the Form)	٧			٧
Copy of Resolution Empowering the Authorized Signatory *	٧		· · · · · · · · · · · · · · · · · · ·	٧

*Note:

Resolution not Required if Authorization Made by Directors / Partners of the Organization – Identity Proof of Such Person which contain their Signature Should be attached to the Form

Sample Format of Resolution

Extracts of the meeting of the [Partners/Board of Directors/Governing Body] of [Name of the Organisation] held on [Date]

"Resolved that Mr. [Name of the person being appointed for authorization], whose details, photo and signature given below, be and is hereby appointed to Authorize [all or any or selected Persons of the Organisation as per list] at [Name of Branch/Unit/Department] for obtaining Digital Signatures of [Class ___ with Organisation Name having Validity___ years for Signing/Encryption/Both Signing & Encryption] on behalf of the Organisation."

Name of the person Appointed for Authorisation:	
Designation :	
Department:	Photo of the Person with seal
Employee Code:	of the Organisation
Employee ID Card No :	
Address:	
Signature:	
Contact No.	
Date:	

Certified true Copy

For [Name of the Organisation]

Signature of the Partner/Director/Chairman/Secretary/Head of Department