DIGITAL CERTIFICATE FOR ORGANISATION - APPLICATION FORM





	K LETTERS ONLY		For forn	1 filling	pieas	е топс	w tne	instru	iction	in <u>htt</u>	tp://\	www.	e-mu	idhra	1.COI	n/ins	truc	tion	htm
Application ID (For Of	ffice Use Only)																		
Signature																			
CLASS	TYPE	1	/ALID	ITY									Affix	rec	ent	pas	sspo	ort	
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USB TOKEN																			
Required	Not Required																		
Applicant Details																			
Name Mr./Ms./Dr.	STNAME	FII	R S	- N	AN	1 E				M		D	L	Е	N .	AN	1 E		
Date of Birth	M M Y Y Y Y Gender	Male		Fen	nale	•	Nati	onal	ity						Ī				
IEC DETAILS OF THE ORGANISATION																			
IEC Code Branch Code																			
ORGANISATION DETAIL	LS																		
Organisation Details C	Corporate Office	Head Offi	ce			Re	egiste	ered	Offic	се					E	3ran	nch	Offi	се
Organisation Name																			
Department																			
Registration Number															T				
Date of Incorporation/Proprietership Commencement/Partnership Agreement																			
Address															_	\top]
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City		State							Н		7	Pin	coc	le [\perp	\pm			
Telephone	Mobile						— □ Fa	ax N	lo [_ 		T	1	Ť	\pm	<u> </u>		
PAN of Organisation		PAI	N of A	pplic	ant						T						-		
Email ID						Ī													
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Declaration																			
	read and understood the pr																		
<u> </u>	will abide by the same. The est of my knowledge and I		•				_		_									rm	
Date				5)													,		
Place																			
Seal & Stamp (If any) Signature of the applicant																			
TO BE FILLED BY RA OFFICE ONLY I declare that the applicant has provided correct information in this application form. I have checked and verified the application																			
I declare that the applicant form and supporting docur Date	•	nation in t	nis ap	plica	tion	forn	n. I h	ave	che	ecke	ed a	and '	veri	fied	l the	e ap	opli	cati	on
Place		RA Name, Code & Seal Signature of RA																	

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IDENTIFICATION DETAILS									
Valid Identity Documents (Any o	one of below)								
Passport Aadhaar Card	☐ Driving License ☐ Bank Account Passbook	☐ PAN Card ☐ Government ID Card	Post Office ID Card						
ID Number									
UNDER CHECKLIST OF ORGAN	NISATION DOCUMENTS TO BE SU	IBMITTED ALONG WITH THE	APPLICATION						
a.									
	AUTHORISATION LE	TTER							
To, eMudhra Consumer Services Limited 3rd Floor, Sai Arcade, 56 Outer Ring Road Deverabeesanahalli, Opp Intel Bangalore 560103 Phone: +91 80 4336 0000 Dear Sir,			Date:						
Sub: Authorisation letter for obtaining D This is certify that Mr./Mrs./Miss. has provided correct information in the 'Application' Organisation to apply for obtaining Class 3 DGFT	on form for issue of Digital Signature Certificate" to t	the best of my knowledge and belief. I herel	(Certificate applicant) by authorize him/her, on behalf of our						
Details of Executive Authorising the applicant Signature:	s: Name:								
Designation:	Employee Code:								
Department:	• •		Office Seal and Stamp						

Contact Details

eMudhra Consumer Services Limited, 3rd Floor, Sai Arcade, 56 Outer Ring Road, Deverabeesanahalli, Opp Intel, Bangalore 560 103. Karnataka Phone: +91 80 4336 0000 Fax: +91 80 4227 5306 Email: info@e-mudhra.com Web:www.e-mudhra.com

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