



(n)21

(n)Code Solutions
e-Safe, e-Secure, e-Sure.

Registration Form for (n)21 Digital Certificate [Individual]

Customer Identification Number : _____

(For Office Use Only)

Instructions :

1. Please fill the form in **BLOCK LETTERS** in English only.
2. (n)21 Certificate refers to Class IIa

1. **VALIDITY OF (n)21** 1 Yr. 2 Yrs.

2. **PROFESSION** Director CA CS CWA

Financial Institution Partner OTHERS

Professional ID

3. **NAME OF THE APPLICANT** (As required in the **DIGITAL CERTIFICATE**)

(Please ensure that the name as it appears in the Identity Proof matches with the name mentioned below)

4. **RESIDENTIAL ADDRESS :**

Town/City/District

State/Union Territory

Pin

Telephone No.

STD Code

Phone No.

Fax No.

Mobile Phone No.

5. **DATE OF BIRTH**

DATE
DD

MONTH
MM

YEAR
YYYY

6. **E-MAIL ADDRESS**

7. **IDENTITY DETAILS** No.

(Please tick and fill ANY ONE)

Passport / Voter's ID / PAN / Driving License / Ration Card No. / PF Ac.

8. **DETAILS :**

DETAILS REQUIRED IF APPLICANT IS A FOREIGN NATIONAL

Nationality

Passport No.

Visa Details

Affix recent passport size photograph of the Applicant

Sign across photo



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Documents Required and Submitted by the Applicant	
A	Attested* Copy of any one : (Please tick the one submitted)
	<input type="checkbox"/> Passport / <input type="checkbox"/> Driving License / <input type="checkbox"/> Voters ID / <input type="checkbox"/> PAN Card / <input type="checkbox"/> PF Statement/PF Book / <input type="checkbox"/> Ration Card
B	Attested* Copy as address proof of any one : (Please tick the one submitted)
	<input type="checkbox"/> Latest telephone bill (landline of mobile) / <input type="checkbox"/> Latest electricity bill / <input type="checkbox"/> LIC receipt (if LIC policy is taken by applicant)
	<input type="checkbox"/> Documentary Proof of Professional Membership (ICAI, ICSI, ICWAI)
	<input type="checkbox"/> Latest Photograph of the applicant
C	Only for Directors
	<input type="checkbox"/> Declaration giving Director / Partner details duly attested by CA/CS as per the format given below.

Note : * Attestation may be by a Bank Manager of a Nationalized or Private bank (excluding Cooperative banks) / Public Notary / Class I Gazetted Officer / Company Secretary / Chartered Accountant

* In Case the address on application is same as on document submitted under A (as above) then document mentioned in B is not required

I hereby agree that I have read and understood the provisions of the (n)Code Solutions CA CPS and the Subscriber Agreement and promise to abide by the same.

Place : _____

Signature Of Applicant

Date : _____

[Name : _____]

Registration form for (n)21 along with verification documents can be sent to any one of the nearest LRA locations given on (n)Code Solutions CA website.

Payment Details	LRA Details
<input type="checkbox"/> D. D. <input type="checkbox"/> Cheque No. : _____	Checked & Verified By
Date : _____ Amount : _____	
Bank Name : _____	
	LRA Name / Signature / Stamp

Contact : www.ncodesolutions.com E-mail : dsc@ncodesolutions.com Toll Free : 1-800-233-1010

DECLARATION

To, (Applicable for Directors / Partners)

(n) Code Solutions

A Division of Gujarat Narmada Valley Fertilizers Company Limited

This is to certify that Mr. / Ms. _____ (Certificate applicant) is a bonafide Director / Partner of _____ (organization name)

Details of Attesting Authority

Name _____

Profession _____

Professional Membership No. _____

Date _____

Place _____

Signature with Stamp/Seal
