

## Digital Signature Certificate (DSC) Application: For Individuals

### Instructions for filling in the application form:

1. Please ensure that you are filling the form below for a DSC that is intended for your use only.
2. Ensure that the form is complete in all respects. In case you require assistance, please consult your Authorized SafeScript Representative.
3. Incomplete forms would delay the certificate issuance process. Therefore please fill in all fields unless specified as "optional".
4. Use only BLOCK LETTERS to fill the form.
5. You are urged to review our CPS while applying for a certificate.
6. Detailed instructions for certificate installation will be provided by your Authorized SafeScript representative.
7. All the mandatory Fields are marked with a "\*"
8. You can fill up most of the details on the form directly on your computer and print the same. This will ensure legibility of the data.

For Official Use Only	
Partner Code	
City	
Date of Application	
CD Serial No.	
Remarks	
DSC Issued on	

### Section 1:

Class of Certificate : <b>RCAI Class 2</b>	Certificate Type : <b>Individual</b>
Certificate Validity * (Tick as applicable)	<input type="checkbox"/> <b>1 Year</b> <input type="checkbox"/> <b>2 Years</b>

First Name *		Self Attested Photograph
Middle Name		
Last Name *		
Date of Birth * (DD-MM-YYYY)		
Sex *	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>	

### Contact Address Details (as per Applicant's Bank records or proof of address submitted)

Flat/ Door/ Block No. *	
Name or Premises/ Building/ Village *	
Road/ Street/ Lane/ Post Office *	
Area/ Locality/ Taluka/ Sub-division *	
Town/ City/ District *	
State/ Union Territory *	
PIN Code *	
Telephone Number * (e.g., +91-80-26555104)	
Mobile Number (e.g., +91-98860-12345)	

### Section 2:

Please submit a VALID e-mail address which will be used by the applicant to receive his Digital Certificate. The same e-mail address should also be used while enrolling for the Digital Certificate online. \*

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### Section 3a: Identity Proof Details

- \* Please provide details of a Government-issued Photo Identity Proof being enclosed by you.
- \* Acceptable Photo IDs include **Passport, Voter ID Card, PAN Card, and Driver's License.**
- \* If you are presenting any other type of Government-issued Photo ID, please specify details of the same in the 'Identity Proof submitted' field below.
- \* The photocopy of the specified Photo-ID is required to be duly attested by your **Banker /Public Notary /Gazetted Officer/ SafeScript Prevalidated Signatory**
- \* For ICSI and ICWAI members, a Photo ID is not required. Select/ Enter "**ICSI Membership**" or "**ICWAI Membership**" against Identity Proof submitted and enter your Membership Number against "Identity/ Membership Number".

Identity Proof submitted *	
Identity /Membership Number *	

Note for ICAI / ICWAI Members: If your address and contact details in your Institute's membership database are not updated and current, then you will be required to follow the process specified for non-members

### Section 3b: Address Proof Details (Not applicable for ICSI/ICWAI members)

Please specify the Address Proof Document that you will be submitting along with this application. This document is only required if your document is being attested by a *SafeScript Prevalidated Signatory* instead of a *Bank Manager* in Section 4.

Proof of Address Document submitted *	
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The Address Proof Document needs to be attested by the SafeScript Prevalidated Signatory

### Declaration:

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.

Signature of the Applicant *	
Date *(DD-MM-YYYY)	
Place *	

### Section 4: Attestation by Banker or SafeScript Prevalidated Signatory (Not applicable for ICSI/ICWAI members)

I, as a **Bank Manager**, hereby certify that the applicant, as appearing above, maintains an account with this Bank and his/her signature and address is hereby attested as being correct with reference to the records maintained by the Bank.

OR

I, as a **SafeScript Prevalidated Signatory**, hereby declare that the applicant is known to me and has presented his original documents of Proof of Address and Proof of Identity before I attested the photocopies of these documents as **TRUE COPIES.**

Signature & Seal of Bank Manager / Signature of SafeScript Prevalidated Signatory *	
Date *(DD-MM-YYYY)	
Name *(Name of the Banker or Name of the SafeScript Prevalidated Signatory)	
Name of the Bank & Branch * (Applicable if attestation is by a Bank Manager)	

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

**SafeScript CA Services** brought to you by:

Sify Communications Ltd, 2<sup>nd</sup> Floor TIDEL Park, No. 4 Canal Bank Road, Taramani, Chennai – 600113

E-Mail [mcacert@safescript.com](mailto:mcacert@safescript.com); All India Universal Access Numbers 1800 345 3330 / 1901 425 3300 ; SMS Cert to 4545

The above Universal Access Numbers are only for users dialing in from MTNL/BSNL land lines. For other users, please look up <http://mcacert.safescript.com> for a local contact number.