

☐ 1 Year DSC☐ 2 Year DSC**Digital Signature Certificate Application Check List**

(To be filled by applicant)

**Name:** \_\_\_\_\_ **User ID:** \_\_\_\_\_**City:** \_\_\_\_\_ **e-Mail:** \_\_\_\_\_**Company:** \_\_\_\_\_**Ph / Cell No.:** \_\_\_\_\_ **Enrollment Request Number:** \_\_\_\_\_**(For office use only)**

CISPL DCFC Code No: \_\_\_\_\_

**To be checked by RA Office or Digital Certificate Facilitation Center**

- ☐ Correct type of application form is used.
- ☐ Recent **photograph** is affixed on the application form and **signed across**.
- ☐ Complete office **address** and residential address is given.
- ☐ **Document checklist** in the form reflects the correct documents attached and are attested.
- ☐ **Certificate Enrollment Form**, generated at the time of online enrolling process, is attached.
- ☐ Application **form is signed** correctly with proper dates. (Two signatures)
- ☐ Inform the customer not to upgrade or reinstall internet browser or operating system before downloading digital signature.

DSC Kit Sr. No. \_\_\_\_\_

DCFC Authority: \_\_\_\_\_

CISPL RA Administrator: \_\_\_\_\_

Seal and Signature of DCFC Authority

Seal and Signature of CISPL RA Administrator

**Acknowledgment / Receipt**

Enrollment Request Number: \_\_\_\_\_

Received a completed application form from \_\_\_\_\_ for obtaining a Class 2 Digital Signature Certificate. The applicant will receive notification over e-mail once the digital signature certificate is created and ready for download.

Received with thanks Rs. \_\_\_\_\_ by Cash / DD / Chq No. \_\_\_\_\_ drawn on \_\_\_\_\_ Bank.

Date:

Seal and Signature of RAA / DCFC Admin

**Registering Authority:**Chartered Information Systems Pvt. Ltd.  
www.charteredinfo.com

CISPL DCFC Code \_\_\_\_\_

**TATA CONSULTANCY SERVICES LIMITED – CERTIFYING AUTHORITY**  
**REQUEST FORM FOR CLASS 2 CERTIFICATE - Individual**

**RA OFFICE NAME : CHARTERED INFORMATION SYSTEMS PVT. LTD. – REGISTRATION AUTHORITY**

**Instructions: Items marked with \* are mandatory.**

Affix recent passport-size photograph of the applicant. Applicant to sign across the photograph

|                  |  |         |   |
|------------------|--|---------|---|
| Validity of DSC* | <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years | Gender* | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Surname**        | <input type="text"/>   | Name**  | <input type="text"/>  |
| E-Mail Address** | <input type="text"/>   |         |   |

**Organization Details**

|           |                      |          |                      |
|-----------|----------------------|----------|----------------------|
| Name      | <input type="text"/> |          |                      |
| Address   | <input type="text"/> |          |                      |
| City      | <input type="text"/> | Pin Code | <input type="text"/> |
| State     | <input type="text"/> | Country  | <input type="text"/> |
| Telephone | <input type="text"/> | Mobile   | <input type="text"/> |

**Residential address**

|            |                      |           |                      |
|------------|----------------------|-----------|----------------------|
| Address*   | <input type="text"/> |           |                      |
| City**     | <input type="text"/> | Pin Code* | <input type="text"/> |
| State**    | <input type="text"/> | Country** | <input type="text"/> |
| Telephone* | <input type="text"/> | Mobile    | <input type="text"/> |

**DOCUMENT CHECKLIST FOR INDIVIDUAL TYPE OF CERTIFICATE**

**Note: Copies of one or more of the following must be provided to TCS-CA to authenticate the identity & proof of residence. Provide the appropriate identification details for the selected document**  
**Attestation to be done by GAZZETTED officer or Notarization to be done by PUBLIC notary.**

**Subscriber proof of identity and residence (any one ATTESTED copy required)**

|                        |                      |                      |
|------------------------|----------------------|----------------------|
| Identity and Residence | <input type="text"/> | <input type="text"/> |
| Identity               | <input type="text"/> | <input type="text"/> |
| Address Proof          | <input type="text"/> | <input type="text"/> |

**Instructions**

- All subscribers are advised to read Certificate Practice Statement of CA.
- The certificate shall be downloaded onto the same computer / Hardware device (USB token, Smart card etc.) by login as same computer user account from where the request was initiated.
- The certificate must not be shared with others or used by them on your behalf
- If you lose your key pair, you shall inform the RA Administrator immediately and apply for the revocation of your certificate.
- After placing an online request for a certificate, the following activities shall not be carried out until the certificate is successfully downloaded:
  - Formatting of the computer
  - Deletion of computer user account used to logon when the request was initiated
  - Reinstallation or upgrade of the Internet browser on the computer from which the certificate request was initiated.
- Application form must be submitted in person.
- Incomplete/Inconsistent application is liable to be rejected.

**Applicant Declaration**

I hereby confirm that I have read and understood the above instructions and will follow the above instructions for obtaining and using the Digital Signature Certificate.

Date:

Place:

Signature of the Applicant

**RA Declaration**

I hereby confirm that I have received and verified the documents submitted by the subscriber.

Date:

Place:

Signature of the RA Officer