

SIGNATURE IN BLUE INK ONLY. FORMS FILLED OTHER THAN BLUE INK SHALL BE REJECTED*

Applicant ID (Internal use) Order ID (Internal use)

Please select Certificate type

TIP : Please select class of certificate and validity.

Class 2 1 3 Year 1 2 3 Type Signing

Please fill the applicant details

TIP : The certificate would be issued in the following name.

APPLICANT Name PAN Number
 E-mail ID Mobile No.

Please fill organization details

TIP : Please tell us about your organization.

Organization Name
 Organization Address
 IEC Code Branch Code Pin Code
 Department Town/City/District State/Union Territory
 Organization PAN No. GST No.

Identity & Address Proof Passport Driving licence Others*

Identity Proof Aadhar No. Aadhar PAN Card Others*

Organization Type :	Proprietorship	Partnership	LLP	AOP	NGO / Trust	Corporate Entities
Document Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Import Export Certificate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GST / VAT / ST & SNE Registration	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Bank Account (2 Pages)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ITR (1 Page)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Partnership Deed / Agreement / Trust Deed (2 Pages)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Organization Pan Card		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Certificate of Incorporation			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Articles and MOA / Rules / By Laws (as applicable)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Audit Report (2 Pages)					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Board / Authority Resolution				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Organization ID Proof of Signatory (Authorizing person)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Authorization Letter		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Important:

- The DSC will be issued to Proprietor (in case of Proprietorship) and to Authorized Signatories for any other entities.
- The authorization letter should have photograph of the applicant and ID proof of signatory.
- The DSC authorization letter should have a Board of Resolution in case of corporate.
- The DSC authorization letter should be counter signed by at least one authorized signatory for every other entity apart from Proprietorship.

Instructions:

- Please fill up the form in 'English' only.
- Incomplete, illegible or inconsistent applications will be rejected.
- Supporting documents should be attested either by a bank manager, a Gazetted officer or a Post Master.
- The utilities bill or bank statement should not be older than 3 months from the application date.
- Please ensure that tax related supporting documents should be of the most recent year if not current then previous year.
- Mobile verification by the applicant is mandatory.
- DSC Download link is sent to the applicant email only.
- The certificates must be downloaded only in a cryptographic device.
- Applicants must refer to Capricornid CPS at www.certificate.digital
- Contact us at : support@certificate.digital or at +91 011 4244 8288
- The forms must be sent to : G-5, Vikas Deep Building, Plot-18, Laxmi Nagar District Centre, Delhi- 110 092, India
- Applicant has to sign across the photograph extended to application form.
- Applicant can also submit their Identity proof as: Pan Card, Post office ID Card Bank account Passbook, Government issued photo ID Card,
- Address Proof gas connection, Voter Id Card, Electricity Bill, Service Tax/ Vat Tax/ Sales Tax Reg. Certificate, Telephone Bill, Water Bill, Property Tax, Corporation Tax, Municipal Corporation Receipt, Bank Statement Signed By Manager.

BOARD OF RESOLUTION FORMAT
(MUST BE ON ORGANIZATION'S LETTER HEAD)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF M/s _____ . HELD ON _____ ' 2016 AT ITS _____ REGISTERED _____ OFFICE _____ AT _____

The Board has decided to authorize Mr. _____ (DSC Applicant), to sign the documents on the behalf of company.

"RESOLVED THAT the consent of the Board be and is hereby given the authority to Mr. _____ (DSC Applicant), having Pan Card No. _____, residing at _____, for applying for Digital signature & Consider him/her as an Authorized Signatory."

"RESOLVED FURTHER THAT Mr. _____ (Second Director), is hereby authorize to sign all the documents on behalf of the Company or in the absence of Mr. _____ (Applicant) who is an Authorized Signatory."

For,

DIRECTOR

DIRECTOR

Date : _____

Letter of Identity Proof by Organization

(To be printed on organization letter head / Office seal. To be signed by HRD of Organization / Authorized Signatory / Government Department in-charge. To be used if the Organizational ID card is not available for the applicant.)

To:

Capricorn Identity Services Pvt. Ltd.

G-5, Vikas Deep Building, Plot-18, Laxmi Nagar District Centre,

Delhi- 110 092

Subject: Organizational ID Proof of the applicant

Organization name: _____

Name Of the Individual	
Order ID Number (If Available)	
Designation	
Department	

I hereby confirm the Identity of the above Individual. I'm the Authorized Personnel to certify the Identity on behalf of the Organization.

For the Organization,

(Seal & Signature)

Name: _____

Designation: _____

Letter for non-submission of Document

Must be on Organization's Letter Head

Date:

To,

The Capricorn Identity Services Pvt. Ltd.

709, Roots Tower, Plot No.: 7

Laxmi Nagar District Centre

Delhi: 110092, India

Dear Sir/Mam,

Sub : Non-Submission of DOCUMENT , NAME OF DOCUMENT -

This is to inform you that my company, _____, having pan card no. _____, situated at _____, of which i am a _____, is unable to submit the **(Document Name)** that is required at your end, for the issuance of a new Digital Signature Certificate (DSC) in the name of my company, only due to the reason _____.

Hence, I would like to request you to kindly co-operate and issue me a DSC after reviewing the remaining supporting documents, which to my knowledge is complete and appropriate in all relevant aspects.

Thanking you

Your Faithfully,

(Applicant name)