## APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE

## FOR ORGANISATION



| Applic   |   |   |  |  |  |  |                           |   |  |   |  |  |               |  |   |                             |                                      |                                    |   |   |   |  |                            |                           |
|--|---|---|--|--|--|--|---------------------------|---|--|---|--|--|---------------|--|---|-----------------------------|--------------------------------------|------------------------------------|---|---|---|--|----------------------------|---------------------------|
| , , , , , , , ,  | ation I   | <b>D</b> : (S   | )  |  |  |  |                           |   |  |   |  | (E   | )             |  |   |                             |                                      |                                    |   |   | (For Offi   | ce Use On  | ly)                        |                           |
| PLEASE   | E FILL IN   | BLOC  | K LE   | TT   | ERS  | 01   | ILY.                      | . AL  | L F  | IELI  | os ,   | ARE  | MA            | ND   | ATC   | RY                          |                                      |                                    |   |   |   |  |                            |                           |
| More Instr   | ructions av   | ailable a   | t: http:   | //ww   | w.e-n  | nudh   | ra.co                     | m/in  | struc  | tion.   | html   |  |               |  |   |                             |                                      |                                    |   |   |   |  |                            |                           |
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| Date of B  | Birth D   | MM  | Υ  | Y  | Υ  | G  | end                       | ler   | Ma   | ale [   | Fe   | emal   | e I           | Natio  | nali  | ity                         |                                      |                                    |   |   |   | signed   |                            |                           |
| Organisa   | ation   |   |  |  |  |  |                           |   |  |   |  |  |               |  |   |                             |                                      |                                    |   |   |   |  |                            |                           |
| Name   |   |   |  |  |  |  |                           |   |  |   |  |  |               |  |   |                             |                                      |                                    |   |   |   |  |                            |                           |
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| PAN of Ap  | plicant   |   | $\overline{}$  |  |  | $\top$   | $\frac{-}{1}$             | $\frac{1}{1}$                                   | T  | 1   |  |  | Мо            | bile   |   |                             |                                      | П                                  |   |   | VALIDI"   | TY:  |                            |                           |
| Email ID   |   |   | $\pm$  |  | $\overline{}$  | $\dot{\top}$   | Ť                         | Ť   |  | <u>,</u>  | $\top$   | $\top$   | Т             |  | $\overline{}$                                   | <u> </u>                    |                                      |                                    |   |   | 1 Yea   | ar 2 Y   | 'ears                      |                           |
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| Organiza   | ation Typ   | e:  | Comp   | any  |  | Partr  | nersh                     | nip [   | _ P  | ropri   | etors  | hip [  |               | OP/E   | OI [  | L                           | LP                                   | NGO                                | /TRUST                                    |   |   |  |                            |                           |
| Docum  | ent Name  | •   |  |  |  |  |                           |   |  |   |  |  |               |  |   | Со                          | mpan                                 | у Ра                               | artnersl                                  | nip Prop                                  | rietorship  | AOP/BOI  | LLP                        | NGO/Trust                 |
| Copy of A  | Applicant's   | Organiz   | ationa   | I ID (   | Card   | / Lette  | er of I                   | ID Pro  | of by  | Orga  | nizati   | on / P   | ay Sli        | р  |   | ┸                           | ✓                                    | $\perp$                            | ✓   |   | ✓   | ✓  | ✓                          | ✓                         |
| Copy of 0  | Organizatio   | nal PAN   | l Card   |  |  |  |                           |   |  |   |  |  |               |  |   | ╄                           | ✓                                    | _                                  | ✓   |   |   | ✓  | ✓                          | ✓                         |
| Copy of O  | Organizationa   | Bank Sta  | atement  | (Firs  | st 2 Pa  | ages )   |                           |   |  |   |  |  |               |  |   | ╄                           | ✓                                    | 4                                  | ✓   |   | ✓   | ✓  | ✓                          | ✓                         |
| Copy of I  | Incorporation   | on/Regis  | tration  | Cert   | tificat  | e  |                           |   |  |   |  |  |               |  |   | ╄                           | ✓                                    | ┸                                  |   |   |   | ✓  | ✓                          | ✓                         |
| Copy of A  | AOA & MO  | A / Rule  | s / Bye  | law  | s (Fir   | st 2 F   | age                       | s)  |  |   |  |  |               |  |   | ┺                           | ✓                                    |                                    |   |   |   | ✓  | ~                          | ✓                         |
| Copy of Last Income Tax Return / Audit Report & Annual Return ( First 2 Pages ) / Self Affidavit On Letter Head with valid Reason , If ITR / Audit Report & Annual Return Not Available.   |   |   |  |  |  |  | 1                         |   | ~  |   |  |  |               | _  |   |                             |                                      |                                    |   |   |   |  |                            |                           |
| / Self Affid   |   |   |  | Reas   | son , I  | HIIK   | Auu                       | птор  | ont a  | Annu  | ai ixe   | turn i   | ot Av         | ailable  | -   |                             | ✓                                    |                                    | ✓   |   | ✓   | ~  | ~                          | ~                         |
| Copy of F  |   | er Head w<br>Deed /   | ith valid<br>Trust I   |  |  |  |                           | _   |  |   |  |  |               | ailable  | -   | t                           | <u> </u>                             | +                                  | ✓   |   | <b>√</b>  | <b>√</b>   |                            | ✓                         |
| Copy of F<br>Partners  | davit On Lette<br>Partnership   | er Head w<br>Deed /<br>es (2 Pa   | ith valid<br>Trust I<br>ges)   | Deed   | I / LL   | P Ag   | reem                      | nent o  | onta   |   |  |  |               | ailable  | -   | F                           |                                      | +                                  |   |   | ✓   | <b>✓</b>   | ✓                          |                           |
| Copy of F<br>Partners  | davit On Lette<br>Partnership<br>/ Signatori  | Pr Head wo<br>Deed /<br>Pes (2 Pa<br>Degistrati   | ith valid<br>Trust I<br>ges)<br>on Cel   | Deed   | te (S  | P Ag   | reem                      | vAT   | onta   | ining   | the  | List   | of            |  |   |                             | ✓<br>✓                               |                                    |   |   |   | ✓  |                            |                           |
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RA Name, Code & Seal

Signature of RA

## 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.)

| То:   |   |
|---|---|
| eMudhra Limited   |   |
| Bangalore   |   |
|   |   |
| Subject: Organizational ID Proof of t                                       | he applicant  |
| Organization Name:  |   |
| Name of the Individual  |   |
| Org ID Number (if available)  |   |
| Designation   |   |
| Department  |   |
| I hereby confirm the Identity of the Identity on behalf of the Organization | e above Individual. I'm the Authorized Personnel to certify the |
| For the Organization,   |   |
| (Seal & Signature)  |   |
| Name:   |   |
| Designation:  |   |

## **Board Resolution (Suggested format)**

(To be printed on organization letter head)

| CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT T            | HE MEETING OF THE BOARD OF DIRECTORS            |
|--|---|
| OF (Company Name)  | HELD ON (Date)                                  |
| AT (Address)   |   |
| RESOLVED THAT the company has decided to authorize, N        | dr / Ms   |
| and is hereby authorized to sign                             |   |
| forms, etc to be submitted by the company in connection      |   |
| the company (applicant) to procure Digital Certificate". The |   |
| on the company, until the same is withdrawn by giving w      | _   |
| Specimen Signatures of Authorised Signatory:                 |   |
| (Signature)  |   |
| RESOLVED FURTHER THAT, a copy of the above resolution        | n duly certified as true by designated director |
| / authorised signatory of the company be furnished to eN     | ludhra Limited and such other parties as may    |
| be required from time to time in connection with the abo     | ove matter.                                     |
| For the Organization,  |   |
|  |   |
| (Seal & Signature)   |   |
| Name:  |   |
| Designation:   |   |