APPLICATION FORM - SIGNATURE CERTIFICATE

FOR DGFT (EXPORT / IMPORT)

Place



| TOR BOTT (EXTORT / IIIII ORT) | OR BOLL (EXILORLY IIIII OILL) | |
|--|--|--|
| Application ID: Signature | (For Office Use Only) | |
| PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATO | RY | |
| More Instructions available at: http://www.e-mudhra.com/instruction.html | | |
| APPLICANT INFORMATION | | |
| LASTNAME FIRST NAME MIDE | | |
| | size photograph of | |
| Date of Birth DDMMYYYY Gender Male Female Nationali | the applicant <u>duly</u> ty signed across | |
| Date of Birth D Divini 1 1 1 1 2 Condet Male Cindic Management | <u> </u> | |
| Organisation Name | | |
| Department | | |
| Address | | |
| | CLASS: | |
| | DGFT | |
| City | | |
| | Pin code TYPE: Stranch Code Signature | |
| State | oranchi oode | |
| Telephone Mobile | VALIDITY: | |
| PAN of Applicant AADHAAR AADHAAR | ☐ 1 Year ☐ 2 Years ☐ ☐ USB TOKEN: | |
| PAN of Organisation IEC Code | Required Not Required | |
| Email ID | The country in the control of the co | |
| DOCUMENT PROOF (attested by Bank Manager OR Post Master OR Gazetted C | officer OR eMudhra RA OR Company Secretary against producing the originals) | |
| Proof of Identity (Any one of below)* Proof of Existence (Any one of below)* | | |
| Passport. | Certificate of Incorporation. | |
| PAN Card of applicant. | Memorandum of Association. | |
| Driving License. | Annual Report. | |
| Government ID Card. | Latest Income Tax Return. | |
| Post Office ID Card. | Regd. Partnership deed. Valid Business License. | |
| Bank Account Passbook (Having Bank's Sign/Seal, not older than 3 months). | Statement of Income issued by Chartered Accountant. | |
| ID Number | // / / / / / / / / / / / / / / / / / / | |
| | Proof of Organization* | |
| ***(All Proof of identity should have Photo and applicant's sign as part of that document). | AN card of Organization | |
| , | Other documents (All the below)* | |
| ***(All the Proof of Existence can also be attested by Director/ Partner of the organization). | List of Directors / Members / Partners with their complete name and addresses on Letter Head. | |
| | Authorization letter by Authorized Signatory authorizing the applicant to apply on the Organization name. | |
| DECLARATION | on the Organization name. | |
| I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice of the provision of the prov | ctice Statement (CPS) and the subscriber agreement and will abide by the same. The | |
| information provided in this form is true & correct to the best of my knowledge. I accept publist case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 | ning my certificate information in e-Mudhra repository. I am aware of risks associated in | |
| Date | | |
| Place Seal | & Stamp (If any) Signature of the applicant | |
| TO BE FILLED BY RA OFFICE ONLY | | |
| I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. In case of supporting documents attested by me, I confirm that I have attested after verifying the original copy of each of them. In case of Class 3, I hereby confirm the completion of Physical | | |
| Verification of applicant by me. | | |
| Date | | |

eMudhra Limited, 3rd Floor, Sai Arcade, 56, Outer Ring Road, Deverabeesanahalli, Opp Intel, Bangalore 560 103. Karnataka. Phone: +91 80 4336 0000 Fax: +91 80 4227 5306. Email: info@e-Mudhra.com Website: www.e-Mudhra.com.

RA Name, Code & Seal

Signature of RA

Page 1 of 2 Version 2.4



AUTHORISATION LETTER

To, Date:

eMudhra Limited

3rd Floor, Sai Arcade, 56 Outer Ring Road

Deverabeesanahalli, Opp Intel

Bangalore 560103

Phone: +91 80 4336 0000

Sub: Authorisation letter for obtaining DGFT Certificate.

Dear Sir,

This is certify that Mr./Mrs./Miss.

(Certificate applicant) has provided correct information in the 'Application form for issue of Digital Signature Certificate" to the best of my knowledge and belief. I hereby authorize him/her, on behalf of our Organisation to apply for obtaining the following Class DGFT Certificate issued by e-Mudhra.

Details of Executive Authorising the applicants:

Name:

Employee Code:

Signature:

Designation: Department:

Office Seal and Stamp

Page 2 of 2 Version 2.4