

FORM A

APPLICATION FORM FOR ISSUE OF DIGITAL CERTIFICATE FOR SUBSCRIBER OF GOVERNMENT AND BANKING SECTOR

Class of certificate applied :

Certificate Required : Individual/Server/Web server

Certificate Validity :

Name:

Email Address:

Office Address :

(with Designation and department)(Optional)

Telephone: _____

Employee Identification No. _____

Identification Details :

Passport No. _____

Any other _____

(Passport No./PAN Card No./Voter's ID Card No./ Driving License No./PF No.)

Web Server _____

In case the application is for a device, then details of Server/Device for which the certificate is being applied for must be filled.

Services _____

IP address _____

URL/Domain Name _____

Physical Location _____

Date:

(Signature of the Applicant)

Place:

For Head of Office or JS (Admn.) for Government Sector / Superior Authority for Banking Sector of Applicant

This is to certify that Mr./Ms. _____ has provided correct information in the "Application form for issue of Digital Certificate for subscriber of Government and Banking Sector" to the best of my knowledge and belief. I hereby authorize him/her, on behalf of my organization to apply for obtaining Digital Certificate from CA for the purpose specified above.

Date:

Place:

Name of Officer with Designation:
Office Email:

(Signature of Officer with stamp of Org./Office)