APPLICATION FORM - SIGNATURE / ENCRYPTION (	CERTIFI	CATE			em	U	<u>dhra</u>	
FOR ORGANISATION			C		Trust	De	livere	
Application ID: (S)			(F	(For Office Use Only)				
PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATO More Instructions available at: http://www.e-mudhra.com/instruction.html	RY							
APPLICANT INFORMATION								
LASTNAME FIRST NAME MIDDLE NAME				Affix recent passport size photograph of				
					he applic	ant <u>dı</u>	uly	
Date of Birth D D M M Y Y Y Gender Male Female Nationali	ty				signed a	acros	<u>s</u>	
Drganisation								
Department								
Org Address			c	LASS:				
				Class 1	Cla	ss 2	Class	
				YPE:				
	Pin code				ro 🗌 Enc	nuntio	n 🗌 Combo	
						, yptio		
PAN of Applicant Mobile					<b>'</b> :			
Email ID								
<b>DOCUMENT PROOF</b> (attested by <u>Authorized Signatory</u> of the Organization)								
Organization Type: Company Partnership Proprietorship AOP/BOI		IGO/TRUST						
Document Name	Company	Partnership	Proprieto	orship A	AOP/BOI	LLP	NGO/Trus	
Copy of Applicant's Organizational ID Card / Letter from Organization / Pay Slip	~	~	~		~	~	~	
Copy of Organizational PAN Card	~	~			~	~	~	
Copy of Bank Statement (First 2 Pages)	~	~	~		~	>	~	
Copy of Incorporation/Registration Certificate	~				~	$\checkmark$	~	
Copy of AOA & MOA / Rules / Bye laws (First 2 Pages)	~				$\checkmark$	$\checkmark$	~	
Copy of Last Income Tax Return / Audit Report & Annual Return / Self Affidavit with reason, if not available (First 2 Pages)	~	~	~		~	~	$\checkmark$	
Copy of Partnership Deed / Trust Deed / LLP Agreement containing the List of Partners / Signatories (2 Pages)		~				~	~	
Copy of Business Registration Certificate (S&E / ST / VAT / Any other Government Registration)			~					
Proof of Authorized Signatory (Board Resolution)	~				~	~	~	
Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity	~	~	~		~	~	~	
Copy of PAN Card of Applicant, if PAN provided	*	*	*		*	*	*	
ECLARATION BY APPLICANT AUTH				IZATIO	N			
d the subscriber agreement and will abide by the same. The information provided in this form is true & correct to Organisation				uthorize the above applicant, on behalf of our on to apply for obtaining the Digital Signature/ n Certificate issued by e-Mudhra				
Date								
	Signature of the applicant (As in ID proof   Blue Ink Only) Authorized				d Signatory (Sign and Seal)			
TO BE FILLED BY RA OFFICE ONLY	p. con place in			Shatory (C		Juarj		
I declare that the applicant has provided correct information in this application form. I have take full responsibility for any wrong verification made, or wrong documents submitted			application fo	orm and s	upporting d	locume	nts. I hereby	
Date RA N	ame, Code & Seal			Signature of RA				

1

eMudhra Limited, 3rd Floor, Sai Arcade, 56, Outer Ring Road, Deverabeesanahalli, Opp Intel, Bangalore 560 103. Karnataka. Phone : +91 80 6740 1400 Fax : +91 80 4227 5306. Email : info@e-Mudhra.com Website: www.e-Mudhra.com.