

SCHEDULE-I

[See rule 10]

Form for Application for grant of Licence to be a Certifying Authority

For Individual

1. Full Name *

Last Name/Surname _____

First Name _____

Middle Name _____

2. Have you ever been known by any other name? If Yes,

Last Name/Surname _____

First Name _____

Middle Name _____

3. Address

A. Residential Address *

Flat/Door/Block No. _____

Name of Premises/Building/Village _____

Road/Street/Lane/Post Office _____

Area/Locality/Taluka/Sub-Division _____

Town/City/District _____

State/Union Territory _____ Pin : _____

Telephone No. _____

Fax _____

Mobile Phone No. _____

B. Office Address *

Name of Office _____

Flat/Door/Block No. _____

Name of Premises/Building/Village _____

Road/Street/Lane/Post Office _____

Area/Locality/Taluka/Sub-Division _____

Town/City/District _____

State/Union Territory _____ Pin : _____

Telephone No. _____
Fax _____

4. Address for Communication * Tick as applicable A B

5. Father's Name *
Last Name/Surname _____
First Name _____
Middle Name _____

6. Sex * (For Individual Applicant only) Tick as applicable : Male / Female

7. Date of Birth (dd/mm/yyyy) * --/--/----

8. Nationality * _____

9. Credit Card Details
Credit Card Type _____
Credit Card No. _____
Issued By _____

10. E-mail Address _____

11. Web URL address _____

12. Passport Details #
Passport No. _____
Passport issuing authority _____
Passport expiry date (dd/mm/yyyy) --/--/----

13. Voter's Identity Card No. # _____

14. Income Tax PAN no. # _____

15. ISP Details
ISP Name * _____
ISP's Website Address, if any _____

Your User Name at ISP, if any _____

16. Personal Web page URL address, if any _____

17. Capital in the business or profession * Rs. _____
(Attach documentary proof)

For Company /Firm/Body of Individuals/Association of Persons/ Local Authority

18. Registration Number * _____

19. Date of Incorporation/Agreement/Partnership * --/--/----

20. Particulars of Business, if any: *

Head Office _____

Name of Office _____

Flat/Door/Block No. _____

Name of Premises/Building/Village _____

Road/Street/Lane/Post Office _____

Area/Locality/Taluka/Sub-Division _____

Town/City/District _____ Pin _____

State/Union Territory _____

Telephone No. _____

Fax _____

Web page URL address, if any _____

No. of Branches _____

Nature of Business _____

21. Income Tax PAN No.* _____

22. Turnover in the last financial year Rs. _____

23. Net worth * Rs _____
(Attach documentary proof)

24. Paid up Capital * Rs. _____
(Attach documentary proof)

25. Insurance Details

Insurance Policy No.* _____

Insurer Company * _____

26. Names, Addresses etc. of Partners/Members/Directors (For Information about more persons, please add separate sheet(s) in the format given in the next page) *

No. of Partners/Members/Directors _____

Details of Partners/Members/Directors

A. Full Name

Last Name/Surname _____

First Name _____

Middle Name _____

B. Address

Flat/Door/Block No. _____

Name of Premises/Building/Village _____

Road/Street/Lane/Post Office _____

Area/Locality/Taluka/Sub-Division _____

Town/City/District _____

State/Union Territory Pin _____

Telephone No. _____

Fax No. _____

Mobile Phone No. _____

C. Nationality

In case of foreign national, Visa details _____

D. Passport Details #

Passport No. _____

Passport issuing authority _____

Passport expiry date _____

E. Voter's Identity Card No. #

F. Income Tax PAN no. #

G. E-mail Address

H. Personal Web page URL, if any

27. Authorised Representative *

Name

Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division _____
Town/City/District _____ Pin _____
State/Union Territory _____
Telephone No. _____
Fax _____
Nature of Business _____

For Government Ministry/Department/Agency/Authority

28. Particulars of Organisation: *

Name of Organisation _____
Administrative Ministry/Department _____
Under State/Central Government _____
Flat/Door/Block No. _____
Name of Premises/Building/Village _____
Road/Street/Lane/Post Office _____
Area/Locality/Taluka/Sub-Division _____
Town/City/District _____ Pin _____
State/Union Territory _____
Telephone No. _____
Fax No. _____
Web page URL Address _____
Name of the Head of Organisation _____
Designation _____
E-mail Address _____

29. Bank Details

Bank Name * _____
Branch * _____
Bank Account No. * _____
Type of Bank Account * _____

30. Whether bank draft/pay order for licence fee enclosed * : Y / N If yes,

Name of Bank _____

Draft/pay order No. _____

Date of Issue _____

Amount _____

31. Location of facility in India for generation of Digital Signature Certificate * _____

32. Public Key @ _____

33. Whether undertaking for Bank Guarantee/Performance Bond attached * : Y / N
(Not applicable if the applicant is a Government Ministry/Department/Agency/ Authority)

34. Whether Certification Practice Statement is enclosed * : Y / N

35. Whether certified copies of business registration document are enclosed : Y / N
(For Company/ Firm/ Body of Individuals/ Association of Persons/ Local Authority)

If yes, the documents attached:

i)

ii)

iii)

36. Any other information _____

Date

Signature of the Applicant

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- Instructions :**
- 1. Columns marked with * are mandatory.**
 - 2. For the columns marked with #, details for at least one is mandatory.**
 - 3. Column No. 1 to 17 are to be filled up by individual applicant.**
 - 4. Column No. 18 to 27 are to be filled up if applicant is a Company/ Firm/ Body of Individuals/ Association of Persons/ Local Authority.**

5. *Column No. 28 is to be filled up if applicant is a Government organisation.*
6. *Column No. , 29, 30, 31 and 34 are to be filled up by all applicants.*
7. *® Column No. 32 is applicable only for application for renewal of licence.*
8. *Column No. 33 is not applicable if the applicant is a Government organisation.*