

CLASS 2 (Organization Validation - OV)

Application ID: (For Office Use Only)

PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY

More Instructions available at: <http://www.e-mudhra.com/instruction.html>

APPLICANT INFORMATION

Applicant Name:

Designation:

Date of Birth: Gender Male Female Mobile:

Email ID:

Affix recent passport size photograph of the applicant **duly signed across**

ORGANISATION INFORMATION

Primary Domain:

(In case of UCC, please enclose the list of domains in separate enclosure on Organization letter head, with sign and seal.)

Organisation Name:

Department:

Address:

City: State:

Pin code: Country:

Type:

Standard Wildcard

UCC Standard UCC Wildcard

VALIDITY:

1 Year 2 Years

Class 2 Certificate:

I'm / We're aware of risks associated in case of Class 2 Certificate, when originated and stored in a software format (PFX / P12). We shall ensure all responsibilities towards securing the certificate at our end, and implement all measures to avoid unauthorized access/usage/distribution/copying of the private key.

DOCUMENT PROOF (attested by Authorized Signatory of the Organization)

Organization Type: Government Bank Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST

Document Name	Government	Bank	Company	Partnership	Proprietorship	AOP/BOI	LLP	NGO/Trust
Copy of Applicant's Office ID Card / Letter from Organization	✓	✓	✓	✓	✓	✓	✓	✓
Copy of Organizational PAN Card		✓	✓	✓		✓	✓	✓
Copy of Bank Statement (First 2 Pages)			✓	✓	✓	✓	✓	✓
Copy of Incorporation/Registration Certificate			✓			✓	✓	✓
Copy of AOA & MOA / Rules / Bye laws (First 2 Pages)			✓			✓		✓
Copy of Last Income Tax Return / Audit Report & Annual Return / Self Affidavit with reason, if not available (First 2 Pages)			✓	✓	✓	✓	✓	✓
Copy of Partnership Deed / Trust Deed / LLP Agreement containing the List of Partners / Signatories (2 Pages)				✓			✓	✓
Copy of Business Registration Certificate (S&E / GST / Any other Government Registration)					✓			
Proof of Authorized Signatory (Board Resolution)			✓			✓	✓	✓
Domain Ownership Certificate	Head office	Head office	Statutory Auditor	Affidavit	Affidavit	Affidavit	Affidavit	Affidavit

DECLARATION BY APPLICANT

I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice 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 publishing my certificate information in e-Mudhra repository.

Date:

Place: Signature of the applicant

Authorized Signatory of Applicant's Organization

I hereby authorize this application on behalf of the organization. I hereby confirm the mobile of Applicant given above.

Name:

Designation:

Telephone:

Email:

Authorized Signatory (Sign and Seal)