

Application ID	Class	Certificate Type
	Application Type	Validity

Subscriber Details

Applicant Name: _____

PAN: _____

Date Of Birth: _____ **Gender:** _____

Aadhaar: _____ **Mobile:** _____

Email ID: _____

Address: _____

City: _____ **State:** _____ **Pincode:** _____

EKYC Code: _____



Declaration by Applicant

- I confirm that the information provided by me in the digital signature application form is correct. I am aware that Section 71 of the IT act stipulates that if anyone makes a misrepresentation or suppresses any material fact from the CCA or CA for obtaining any DSC, such person shall be punishable with imprisonment up to 2 years or with fine up to one lakh rupees or with both.
- I give my consent to VSign to use my KYC Account data for the purpose of this digital signature application & also consent to receiving SMS and eMail communication from VSign regarding this application from time to time. I also allow VSign to publish my certificate information in their repository.
- I have read and understood and agree to the terms and conditions mentioned in the VSign CPS & the subscriber agreement.

Applicant Signature

Date:

Place:

Registration Authority Details

RA Code: