APPLICATION FORM - SIGNATURE CERTIFICATE



FOR DGFT (EXPORT / IMPORT)							Trust	D e	elivere	
Application ID: (S)						(For Office Use Only)				
	FILL IN BLOCK LETTER	S ONLY. ALL FIELDS ARE MANDATO	RY							
APPLICANT INFORMATION										
5 dd`] W_ bh						Affix recent passport size photograph of the applicant duly signed across				
Name Date of Birth D D M M Y Y Y Y Gender Male Female Nationality										
Organisation										
Name										
Department										
Org Addı	Org Address									
							CLASS: GDGFT			
City		Bin code								
State							TYPE: ✓ Signature			
PAN of Ap	nlicant									
IEC Code		Mobile					VALIDITY:			
						☐1 Year ☐ 2 Years				
Email ID DOCUMENT PROOF (attacked by Authorized Circoton of the Occasination)										
DOCUMENT PROOF (attested by Authorized Signatory of the Organization)										
Organization Type: Company Partnership Proprietorship AOP/BOI LLP NGO/TRUST										
Document Name				Partners	ship Propi	rietorship	AOP/BOI	LLP	NGO/Trust	
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 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 / ST / VAT / Any other Government Registration)						✓				
Proof of Authorized Signatory (Board Resolution)							√	~	✓	
Authorize	Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity			✓		✓	✓	✓	✓	
Copy of PAN Card of Applicant, if PAN provided Copy of Import Export Certificate, in case of DGFT			*	*		*	*	*	*	
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DECLARATION BY APPLICANT AUTHORIZATION Learning and understood the previous of a Mudber Codification Practice Statement (CDS) Learning the shape and code and understood the previous of a Mudber Codification Practice Statement (CDS)								abolf of our		
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. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated cryptographic module.										
Date _	Date									
Place Signature of the applicant (As in ID proof Blue Ink Only) Authorize					Authorized	ed Signatory (Sign and Seal)				
TO BE FILLED BY RA OFFICE ONLY										
I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.										
Date		RA Na	RA Name, Code & Seal				Signature of RA			

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