

Request No: _____ User ID: _____



CERTIFYING AUTHORITY
Recognized by the controller of Certifying Authorities

TATA CONSULTANCY SERVICES

TATA CONSULTANCY SERVICES LIMITED – CERTIFYING AUTHORITY

REQUEST FORM FOR File Signer PI CERTIFICATE

USER TYPE – COMPANY

Instructions: Items marked with * are mandatory.

Affix recent passport size photograph of the applicant. Applicant to sign across the photograph.

E-MAIL ADDRESS * (Mandatory - a valid and active email ID that is accessed frequently)

CORPORATE / BRANCH / REGISTERED OFFICE / FIRM / TRUST / ORGANIZATION:

Name*

Address*

City* **State*** **PIN Code***

Country* **Ph. No.*** **Mobile No***

PAN No.* **Fax No.***

NATURE OF BUSINESS* (For Example: Manufacturing)

APPLICANT DETAILS:

GENDER * Male Female

Name (Full Name)*

Residential Address*

City* **State*** **PIN Code***

Country* **Ph. No.*** **Mobile No***

DOCUMENT CHECKLIST FOR COMPANY TYPE OF CERTIFICATE:*

Corporate / Branch / Registered Office (any one ATTESTED copy required - Attested by Gazetted Officer or Bank Manager)

Public & Private Limited Company

<input type="checkbox"/>	Certificate of Incorporation		Business Commencement	
<input type="checkbox"/>	Memorandum and Articles		Latest Annual Report	

Partnership Firm

<input type="checkbox"/>	Partnership Deed			
--------------------------	------------------	--	--	--

Proprietorship Firm

<input type="checkbox"/>	Latest Bank Statement		Latest Income Tax Return	
<input type="checkbox"/>	Latest Balance Sheet		Sales Tax/VAT Certificate	
<input type="checkbox"/>	Business Commencement Licence		Service Tax Certificate	

APPLICANT PROOF OF IDENTITY AND RESIDENCE* (ATTESTED copy required - Attested by Gazetted Officer or Bank Manager)**Identity and Residence**

Passport		Driving License	
----------	--	-----------------	--

Identity

PAN Card		Driving License	
Bank Passbook with Photo		Passport	
ID Card Issued by Govt.			

Residence

Latest Telephone Bill		Driving License	
Latest Bank Statement		Passport	
Latest Electricity Bill			

 LETTER OF AUTHORITY*
ANNEXURE A - LETTER OF AUTHORITY

I, _____, in the capacity of the _____
(Name of Authorizing Person - Name of Applicant in case of Self Authorization) (Designation of Authorizing Person)
of, _____, authorize _____
(Name of Organization/Company/Firm/Trust) (Name of Applicant - in case of Self Authorization write 'myself')
whose signature is attested below to carry out all the necessary formalities on behalf of _____

_____ for application of class III digital signature certificate with the
(Name of Organization/Company/Firm/Trust)
validity period of _____ year(s).
(Validity: like 1 year or 2 Years)

Signature and Designation
of Authorizing Person

Signature and Designation
of the Applicant

Note: Guidelines on how to fill the Letter Of Authority based on type of organization.

- Public & Private Limited Companies: The Applicant of the certificate has to get himself authorized by the superior to whom he/she reports in the said company. If the applicant himself is the head of the organization, he can authorize himself.
- Partnership Firms: The Partner who is the applicant of the certificate has to get himself authorized by the other partner of the said Partnership Firm.
- Proprietorship Firms: The Proprietor who is the applicant of the certificate has to self authorize as he is the whole & sole responsible of the Proprietary Concern.

Applicant Declaration	RA Declaration
I hereby confirm that I have read and understood the above instructions and will follow the above instructions for obtaining and using the Digital Signature Certificate. I am fully aware of the risks associated with sharing of my Digital Signature and I authorize my RA to generate and download my Digital Signature Certificate on my behalf. I will not hold TCS-CA/RA liable for any misuse by anybody with this Digital Signature Certificate. Date: _____ Place: _____ Signature of Applicant	I hereby confirm that I have received and verified the documents submitted by the subscriber. Date: _____ Place: _____ Signature of RA Office

RA OFFICE NAME : **TCS-CA - Registration Authority** / USER ID :

/ REQUEST NUMBER :

The certificate Request Form, Online Enrollment Form, Demand Draft and the supporting documents as per the document checklist have to be forwarded to the following address: