

PAYMENT DETAILS*

13. Mode of Payment * Online Cheque/DD

Online Payment Details

Transaction/Reference No.	<input type="text"/>
Bank Name	<input type="text"/>
Account Type	<input type="text"/>
Amount Rs.	<input type="text"/>
Date	<input type="text"/>

Cheque/DD Payment Details

Cheque /DD No.	<input type="text"/>
Bank & Branch Name	<input type="text"/>
Account Type	<input type="text"/>
Amount Rs.	<input type="text"/>
Date	<input type="text"/>

DECLARATION*

I hereby agree that I have read and understood the provisions of eMudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this Digital Signature Certificate request form is true and correct to the best of my knowledge and I accept publishing my certificate information in eMudhra repository.

Date : _____ Place: _____ Name of the Applicant: _____
 Office Seal & Stamp: _____ Signature: _____

CHECKLIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION*

- a. Attested copy of any one as per the list in serial no. 12b
- b. Organization PAN Card
- c. Authorisation letter in favour of the certificate applicant from the Bank as per format below

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.

RA Name : _____
 Signature : _____
 Place : _____
 Date : _____ **RA Seal & Stamp**

AUTHORISATION LETTER FORMAT* (This Authorisation Letter is required on the Organisation's Letterhead)

To,
 eMudhra Consumer Services Limited
 3rd Floor, Sai Arcade, 56 Outer Ring Road
 Deverabeesanahalli, Opp Intel
 Bangalore 560103
 Phone: +91 80 4336 0000

Date: _____

Dear Sir,
 Sub: **Authorisation letter for obtaining Digital Signature Certificate.**

This is certify that Mr./Mrs./Miss. _____ (Certificate applicant) has provided correct information in the 'Application form for issue of Digital Signature Certificate' for employees of Banking Sector to the best of my knowledge and belief vide application form dated DD-MM-YYYY. I understand that the applicant is going to act on behalf of the bank and I hereby authorize him/her, on behalf of our Bank to apply for obtaining the following:

Class of Digital Signature Certificate issued by e-Mudhra.

- Class 2 Gold Organisation Class 3 Platinum Organisation Class 3 Device/Server

Details of Executive Authorising the applicants:

Signature: _____ Name: _____
 Designation: _____ Employee Code: _____
 Department: _____ Office Seal and Stamp

CONTACT DETAILS

eMudhra Consumer Services Limited, D.No.2 / 30 A, 1st Floor, Natesa Pandaram Colony, Cherry Road, Landmark: Opp to Post Office, Salem - 636 007. Tamil Nadu
 Phone : +91 80 4336 0000 Fax : +91 80 4227 5306 Email : info@e-Mudhra.com Website : www.e-Mudhra.com