### APPLICANT INFORMATION

- **Name:**
- **Designation:**
- **Gender:** Male [ ], Female [ ]
- **Date of Birth:**
- **Mobile:**
- **Email ID:**

### ORGANISATION INFORMATION

- **Organisation Name:**
- **Department:**
- **Address:**
- **City:**
- **State:**
- **Pin code:**
- **Country:**

### DOCUMENT PROOF

- **Organization Type:**
  - Government [ ]
  - Bank [ ]
  - Company [ ]
  - Partnership [ ]
  - Proprietorship [ ]
  - AOP/BOI [ ]
  - LLP [ ]
  - NGO/Trust [ ]

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Government</th>
<th>Bank</th>
<th>Company</th>
<th>Partnership</th>
<th>Proprietorship</th>
<th>AOP/BOI</th>
<th>LLP</th>
<th>NGO/Trust</th>
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<tbody>
<tr>
<td>Copy of Applicant’s Organizational ID Card / Letter from Organization</td>
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<td>Copy of Organizational PAN Card</td>
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<tr>
<td>Copy of Bank Statement (First 2 Pages)</td>
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<td>Copy of Incorporation/Registration Certificate</td>
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<td>Copy of AOA &amp; MOA / Rules / Bye laws (First 2 Pages)</td>
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<td>Copy of Last Income Tax Return / Audit Report &amp; Annual Return / Self Affidavit with reason, if not available (First 2 Pages)</td>
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<td>Copy of Business Registration Certificate (S&amp;E / GST / Any other Government Registration)</td>
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<td>Proof of Authorized Signatory (Board Resolution)</td>
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<td>Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity</td>
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### 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**

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**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. I also confirm the Physical Verification of Applicant.

**Name:**

**Designation:**

**Telephone:**

**Email:**

**Authorized Signatory (Sign and Seal)**