



U.P. ELECTRONICS CORPORATION LIMITED

10, ASHOK MARG, LUCKNOW-226001
Phone no. 0522 4130303 extension 307, 305
E-mail Id : uplcdsc@gmail.com

Class 3 ☐

Individual ☐

Signing ☐

2 Years ☐

Class of Certificate

With Org Name ☐

Encryption ☐

Request Id:

Section 1: Subscriber Details

Name*:

Designation:

Date of Birth*: Gender*: ☐ Male ☐ Female

Address (Residential address in case of Individual or Organization address in case of DSC with ORG)

Organisation Name* :

Door No/Building Name* :

Road/ Street/ Post Office* :

Town/ City/ District* :

State/ Union Territory* :

Country* : PIN Code*

Telephone Number* (with STD Code):

Mobile Number* :

Email id* (Only Capital Letter) :

Photo

Section 2: Identity Proof Details

Photo Identity Proof*

Identity Proof Name

(Pan Card)

Identity Proof Number

Address Proof*

Address Proof Name

(Office Id)

Note*: Subscriber's signature should appear on the Photo ID Proof.

Section 3: Declaration

I hereby declare that all the information provided in this Subscription form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for the digital signature certificate, the duties and responsibilities which are applicable under the SafeScript CA CPS (<https://www.safescript.com/pdf/cps.pdf>) and also under the Section 71 of IT Act which 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.

Signature of the Subscriber*

Date*:

Place*:

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.

Section 4: Authorisation (only for ORG DSC)

I, _____ acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

Signature & Organisation seal*

For office use only

Attestation By Sify Authorised LRA/Partner* (For Class3DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal*

Date* Name*

Note*: Safescript at its discretion, will make a telephone call to verify the details of the Subscriber.

SafeScript CA Services brought to you by: