



**TATA CONSULTANCY SERVICES LIMITED – CERTIFYING AUTHORITY
REQUEST FORM FOR CLASS-2 CERTIFICATE**

USER TYPE - INDIVIDUAL

Instructions:

1. Please fill the form in BLOCK LETTERS
2. Items marked with * are mandatory.
3. For the items marked with #, details for at least one are mandatory.

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

Details to be filled in by the Applicant: *

FULL NAME *

Last Name/Surname

First Name

Middle Name

NATURE OF BUSINESS

ADDRESS

A. Residential Address *

Flat/Door/Block No.

Name of Premises/
Building/Village

Road/Street/Post Office

Area/Locality/Taluka
Sub-Division

Town/City/District

State/Union Territory

Pin



Telephone No.

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Area Code

Telephone No.

Extension No.

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Mobile No.

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Important Note: RA office will contact using the contact numbers provided above.

Fax No.

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Area Code

Fax No.

B. Office Address

Flat/Door/Block No.

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Name of Premises/
Building/Village

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Road/Street/Post Office

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Area/Locality/Taluka
Sub-Division

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Town/City/District

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State/Union Territory

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Pin

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Telephone No.

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Area Code

Telephone No.

Fax

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Area Code

Fax No.



ADDRESS FOR COMMUNICATION *

(Tick as applicable)

Residential Address

Office Address

FATHER'S NAME *

Last Name/Surname

First Name

Middle Name

GENDER * (Tick as applicable)

Male

Female

DATE OF BIRTH
(DD/MM/YYYY) *

NATIONALITY *

Visa details, in case of Foreign Nationals

Details for at least one is mandatory

PASSPORT DETAILS #
Passport No.

Passport Issuing Authority

Passport Expiry Date
(DD/MM/YYYY)

VOTER'S IDENTITY
CARD NO. #

INCOME TAX PAN NO. #



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

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CONTRACTOR DETAILS (TO BE FILLED ONLY BY CIVIL CONTRACTORS)

Contractor Registration
Number

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Registration Date

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Registration Authority

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Class of Contract

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ANY OTHER DETAILS

Date

Signature of the Applicant



TO BE FILLED BY RA OFFICE

The above details have been verified and found to be correct.

TYPE OF DIGITAL CERTIFICATE REQUIRED:

Signing Certificate (Single Key pair) - *This can be used for signing and/or encryption*

Signature of RA Office

Name:

Date:

Seal:

DOCUMENT CHECKLIST FOR INDIVIDUAL TYPE OF CERTIFICATE

The following is a list of the supporting documents that you need to submit along with the Certificate Request Form.

NOTE: ATTESTATION TO BE DONE BY GAZZETTED OFFICER.

Sr. No.	Required Documents (Photo copies)	Document submitted	Documents verified by RA
1	<p><u>Applicant Verification Documents (any one attested copy required)</u></p> <ul style="list-style-type: none"> • Passport <li align="center">(OR) • Voter's ID <li align="center">(OR) • PAN card <li align="center">(OR) • Identity Card – Attested by Authorized signatory of the company with photograph. <li align="center">(OR) • Driver's license <li align="center">(OR) • Ration Card 	<input type="checkbox"/> 	<input type="checkbox"/>
2	<p><u>Proof of Address of the applicant (any one attested copy required)</u></p> <ul style="list-style-type: none"> • Latest Telephone bill <li align="center">(OR) • Latest Electricity bill <li align="center">(OR) • Passport <li align="center">(OR) • Voter's ID <li align="center">(OR) • Ration card <li align="center">(OR) • Driver's license <li align="center">(OR) • LIC receipt 	<input type="checkbox"/> 	<input type="checkbox"/>
3	Certificate Request form (Required)	<input type="checkbox"/>	<input type="checkbox"/>
4	Certificate Enrollment form (Available for printing on completion of Online Enrollment) (Required)	<input type="checkbox"/>	<input type="checkbox"/>



The certificate Request Form and the Document Checklist along with all the supporting documents have to be forwarded to the RA Office at the following address:

Duly mark the envelope as 'APPLICATION FOR DIGITAL CERTIFICATE'

Contact Person: Ms. Neerja Moolani

Address: **Sinewave Computer Services Pvt. Ltd.,**
T-22 Supermall, 3rd Floor,
Salunke Vihar Road,
Wanowrie, Pune – 411 040

E-mail: dc@sinewave.co.in / neerja@sinewave.co.in

Tel: +91-20-26837252/53/54

Fax: +91-20-26807111

URL: www.sinewave.co.in

Instructions

1. The certificate shall be downloaded onto the same computer / Hardware device (USB token, Smart Card etc.) by login as same computer user account from where the request was initiated.
2. After placing an online request for a certificate, the following activities **shall not** be carried out until the certificate is successfully downloaded:
 - Formatting of the computer
 - Deletion of computer user account used to logon when the request was initiated
 - Reinstallation or upgrade of the Internet browser on the computer from which the certificate request was initiated.
3. At the time of registration, a valid and active email ID that is accessed frequently shall be provided.
4. The certificate must not be shared with others or used by them on your behalf.
5. If you lose your key pair, you shall inform the RA Administrator immediately and apply for the revocation of your certificate.
6. Certificate revocation is permanent and irreversible. If your certificate is revoked, you will have to reapply for a fresh certificate. The same will be approved only after the payment of necessary applicable charges.
7. The security level in the Internet Browser should be set to 'Medium' and all scripting should be enabled.
8. If your role changes and you are no longer the authorized signatory of the organization, you must contact your RA Administrator immediately and apply for the revocation of your certificate.
9. If any information provided in your certificate changes, then you shall revoke the existing certificate and apply for a new certificate. The same will be approved only after the payment of necessary applicable charges.

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.

Date

Place

Signature of the Applicant

DECLARATION

With reference to the application for obtaining Class II Digital Signature Certificate [DSC] from Tata Consultancy Services Ltd. as the Certifying Authority [TCS — CA] through Sinewave Computer Systems Pvt. Ltd. as the Registering Authority [TCS — RA] and considering to the fact that the process involves online application and generating a secure Key Pair by **MRV CORPORATE & LEGAL SOLUTIONS PRIVATE LIMITED [MRV]** on my individual / company's / firm's behalf, it is hereby understood, declared and consented that:

1. I / We have filled up / given / provided the necessary personal information required in the Request Form for Class II DSC and confirm that the information is true and correct including the email address, if any, provided by me / us.

2. MRV shall apply for Enrollment Form and Request Number from TCS — CA and provide password at the discretion of MRV. The online application shall be from the office of MRV and involve providing of my / our personal information as given by me / us.

3. Unless I / we provide for a valid and an **operative and active email id**, MRV shall, at its discretion, furnish an active email id for the purpose of Enrollment Form and Request Number from TCS — CA for all purposes.

4. I / we shall provide with the required Address and Identity Proof to MRV for processing, submitting and downloading the Digital Signature Certificate.

5. I / we acknowledge that applying, processing, requesting and downloading of DSC on my / our behalf is an additional service provided by MRV and I / we shall be responsible for the correctness and completeness of all the information and process for generating DSC.

6. In case, the email address is provided by me / us, I / we agree to forward all the emails related with my / our application to the email address provided by MRV from time to time.

7. MRV shall download DSC and provide the same to me / us alongwith a USB Token duly protected by a password and a setup CD. Further I agree to change the password of the USB Token immediately on the receipt of the same.

8. MRV as a company alongwith its Directors, Members, Employees, Staff, Legal Heirs and Assignees shall not be responsible or liable for any use / misuse of the DSC after it is dispatched to me.

9. In case the email address provided by me / us is held to be inactive or does not serve the purpose for which it was provided, MRV shall not, in any case, be held responsible for the loss / damage of the DSC caused by the email address provided by me / us.

10. MRV Corporate & Legal Solutions Private Limited an Authorized Dealer of Synise Technologies Limited for Generating Digital Signature Certificate will send my DSC (.pfx file) to me through e-mail in zipped format.

I / we hereby declare that I / we have read and understood the Clauses No. 1 to 10 above and authorize at their front / end accord consent to MRV to apply and process the Digital Signature certificate on my / our behalf. For registration purpose, I also agree to provide my Mother's Name.

Regards,

[Signature of Applicant]

Place:

Date: