

# Digital Signature Application Form – Organization Bank



Class:  class 2  class 3

Type:  Signature  Encryption  Combo

Application Id

(S) \_\_\_\_\_

(E) \_\_\_\_\_

Validity:  1 Year  2 Year  3 Year

## Application Information:

Name: \_\_\_\_\_

Applicant's PAN: \_\_\_\_\_ Applicant Bank ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Mobile: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Dept.: \_\_\_\_\_ Bank PAN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

Email ID: \_\_\_\_\_

Affix Passport Size  
Photo

Cross Signature

Application Form should

be fill with blue pen ink

## Document Section:

All supporting documents should be attested by Authorized Signatory of the organization.

- Applicant's Bank ID Card / Letter from Organization
- Authorized Signatory's Organizational ID Card / Letter for Organization
- Organizational PAN Card
- PAN Card of Applicant (if PAN provided)

## For CA Verification Officer Use:

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

CA V.O. Signature

## Declaration by Applicant

- I confirm that the information provided by me in the digital signature application form is correct. I am aware that Section 71 of the IT act 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.
- I have read, understood & agree to the terms & conditions mentioned in the PantaSign CPS & the subscriber agreement.

Date: \_\_\_\_\_

Place: \_\_\_\_\_ Applicant's Signature

## RA Declaration

I declare that the information entered on PantaSign portal is as per the application form and documents submitted by the subscriber.

Date: \_\_\_\_\_

RA Code: \_\_\_\_\_  
Registration Authority Signature & Seal

## Authorization Letter

I hereby authorize \_\_\_\_\_ to apply for "PantaSign Digital Signature Certificate" on behalf of our organization. I certify the physical verification of the applicant and confirm that the information submitted by him/her is correct to the best of my knowledge.

Name of Authorizing Person: \_\_\_\_\_

Designation: \_\_\_\_\_

ID Card: \_\_\_\_\_ Sign. & Seal Authorised person

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