APPLICATION FORM - SIGNATURE CERTIFICATE		emudhra
FOR DGFT (EXPORT / IMPORT)		Trust Delivered
Application ID: (S)		(For Office Use Only)
PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATO	RY	
More Instructions available at: http://www.e-mudhra.com/instruction.html		
APPLICANT INFORMATION		
LASTNAME FIRST NAME MIDE	LE NAME	
		size photograph of the applicant duly
Date of Birth D D M Y Y Gender Male Female Nationality	У	signed across
Organisation Name		
Department		
Org Address		
		DGFT
City	Pin code	
State		✓ Signature
PAN of Applicant Mobile		
IEC Code Branch Coc	e	
		1 Year 2 Years
DOCUMENT PROOF (attested by <u>Authorized Signatory</u> of the Organization)		
Organization Type: Company Partnership Proprietorship AOP/BOI		<u>.</u>
Document Name	Company Partners	
Copy of Applicant's Organizational ID Card / Letter from Organization / Pay Slip	✓ ✓	
Copy of Organizational PAN Card	✓ ✓	
Copy of Bank Statement (First 2 Pages)	✓ ✓	
Copy of Incorporation/Registration Certificate	✓ ✓	
Copy of AOA & MOA / Rules / Bye laws (First 2 Pages) Copy of Last Income Tax Return / Audit Report & Annual Return / Self Affidavit with reason, if not available (First 2 Pages)	✓✓✓	
Copy of Partnership Deed / Trust Deed / LLP Agreement containing the List of Partners / Signatories (2 Pages)	~	
Copy of Business Registration Certificate (S&E / ST / VAT)		✓
Proof of Authorized Signatory (Board Resolution)	✓	
Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity	~ ~ ~	
Copy of PAN Card of Applicant, if PAN provided	* *	
Copy of Import Export Certificate, in case of DGFT	✓✓	✓ ✓ ✓ ✓ ✓
DECLARATION BY APPLICANT		AUTHORIZATION
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. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated		
Date		
	re of the applicant proof Blue Ink Only)	Authorized Signatory (Sign and Seal)
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. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.		
Date RA Name, Code & Seal Signature of RA		

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