

PND DIGISIGN

103, 1st Floor, Simandhar, Wamanrao Sawant Road, Opp. Jana Seva Bank, Dahisar (E), Mumbai – 400068.

Tel: (022) 28284033 / 28282998 / 98209 44649 Email: pnddigisign@gmail.com website: www.pnddigisign.com

Note: New DSC has been issued in SHA-256, which requires Windows XP service pack-3 or higher version of system.

INSTRUCTIONS / CHECKLIST

1. Please fill the form in **BLOCK LETTERS**
2. Columns marked with * are mandatory.
3. The Certificate will be issued only if the application form is complete in all aspects.
4. Along with the completed and signed application form, please attach following documents as mentioned below duly

Attested by Attestation Officer:

Attachments	Any one of document 1 & one of document 2 listed below
Document 1	Attested Copy of Any one of Certificate of Incorporation, Memorandum and Article of Association, Regd Partnership Deed, Valid Business License
Document 2	Attested Copy of Any one of Annual Report, Latest Income Tax Return, Latest Organization Bank details from the Bank, Statement of Income issued by Chartered Accountant
Document 3	Attested Copy of the Organization & PAN Card.
Document 4	Authorisation Letter in attached format
Document 5	Attested Copy of Identity & Address Proof of Applicant.
Document 6	Attested Copy of IEC Certificate.
Attestation:	Attestation should be done by a gazetted officer /CA/CS/Bank Attestation (from nationalized banks only)

5. Photo to be sign across the photo.
6. **Email Address is mandatory and a valid and active email ID to be given.**
7. Separate DSC for Signing & Encryption will be issued.
8. Enclosed Cheque (At par Cheque or Draft In case of out of Mumbai) in the favour of “PND DIGISIGN” and send at the above mentioned address.

COST STRUCTURE OF KIT AS FOLLOWS:

TYPE	DSC FOR 1 YEAR + SERVICE	E-BOOK	BACK UP C.D.	USB TOKEN (UKEY)	USB TOKEN (PLUG & PLAY)	USB TOKEN (ATHENA)	MRP (RS.) Validity 1 year
KIT 4	√	√	√	X	X	√	5500

PAYMENT DETAILS

Cheque (At par cheque or DD in case of out of Mumbai) in favour of “PND DIGISIGN”

Name of the applicant: _____ KIT : 4

Drawn on _____ Cheque No.: _____ Dated _____ Amount: _____

Registration Form for (n)exIM Digital Certificate

Customer Identification Number _____ (For office Use Only)



Instructions

1. Please fill the form in BLOCK LETTERS in English only.
2. This form is divided into two parts Form A & Form B.
3. Form A contains details of certificate applicant and needs to be filled up each time.
4. Form B contains organizational details and needs to be filled up only once for an Enterprise / Organization.
5. This form is for procuring (n)exIM Digital Certificate for usage in DGFT(Directorate General of Foreign Trade)
6. (n)exIM Certificate refers to Class 3 Organization and will bear Object Identification as 2.16.356.100.2.3.
7. The DSC issued would be for Signing only.

Affix recent passport size photograph of the applicant

Applicant to sign across the photograph extended to application form

FORM A

Validity	1 Year <input type="checkbox"/>	2 Year (Only SHA-256) <input type="checkbox"/>
IEC Number	<input type="text"/>	
Branch Code	<input type="text"/>	
(As assigned to your company's branch for operating in the city)		
Name of the Applicant		
Please ensure that the name as it appears in the identity proof matches with the name mentioned below		
Surname	First Name	Initials
Organization Name	<input type="text"/>	
Office Address	<input type="text"/>	
(As per Branch Code)	<input type="text"/>	
Town/City/District	<input type="text"/>	
State/Union Territory	<input type="text"/>	
PIN	Department	<input type="text"/>
Contact Number	STD Code <input type="text"/>	PH <input type="text"/>
		Fax <input type="text"/>
Mobile No.	<input type="text"/>	
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
E-mail Address	<input type="text"/>	
Identity Details	Number <input type="text"/>	
(Please tick and fill ANY ONE)	<input type="checkbox"/> Post Office ID Card // <input type="checkbox"/> Driving License // <input type="checkbox"/> PAN // <input type="checkbox"/> Voter's ID // <input type="checkbox"/> Bank Account Passbook No.	

e - Safe , e - Secure , e - Sure

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FORM B

Details to be filled up for eXIM organization (Corporate / Registered office details (as registered with DGFT [Directorate General of Foreign Trade])

Name		
<input type="text"/>		
Address	<input type="text"/>	
Town/City/District	<input type="text"/>	
State/Union Territory	<input type="text"/>	
PIN	<input type="text"/>	
Contact Number	<input type="text"/>	<input type="text"/>
	(STD Code)	(Phone Number)
		(Fax Number)
Website	<input type="text"/>	
Income Tax PAN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Bank Details

Bank Name	<input type="text"/>
Bank A/c No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I hereby agree that I have read and understood (n)Code Solutions CA CPS and the Subscriber Agreement and promise to abide by the same. I also acknowledge that I shall be using USB Crypto Tokens to store my private key as prescribed in guidelines for storage of private keys provided by Controller of Certifying Authorities. I acknowledge that information provided in Form A & Form B are Correct to my knowledge.

Date : Place :

Signature of Applicant

[Name: _____]

Cheque / D.D. to be Drawn in favour of "(n)Code Solutions, A Division of GNFC Ltd."

Cheque should be " Payable at Par "

Payment Details	
DD / Cheque Number _____	
Date _____ Amount _____	
Bank Name _____	

LRA Details	
All Documents Checked & Verified by	
LRA Name / Stamp / Signature	

e - Safe , e - Secure , e - Sure

Registration Form for (n)exIM Digital Certificate

Customer Identification Number _____ (For office Use Only)



Documents Required for Verification

Documents Required for an Organization / Enterprise

Certified true copy (from Company Secretary / Director / Partner / Proprietor of the organization) any one of

- Certificate of Incorporation or
- Memorandum and Articles of Association or
- Registered Partnership Deed or
- Valid business license document

Certified true copy any one of latest :

- Annual Report or
- Income Tax Return or
- Statement of Income or
- Letter from the bank giving bank details of the organization

- Authorization Letter in favour of the certificate applicant from the applicant organization (as per the format attached herewith, on the Companys Letterhead Only)
- Latest photograph of the applicant

- IEC Certificate Photocopy

Note :

- Applicants are required to present themselves at the LRA location where the registration form of (n)exIM was sent, for verification of physical presence.
- Please refer to the CPS for more information.
- In case you require any assistance, please get in touch with us at support@ncodesolutions.com or dial TollFree : 1800 – 233 - 1010

Registration Form for (n)exIM Digital Certificate

Customer Identification Number: _____ (For office Use Only)



Signature Verification (Authorization) Letter

(This Authorization Letter is required on the Organization's letterhead)

To,
 (n) Code Solutions,
 A Division of Gujarat Narmada Valley Fertilizers Company Limited.

This is to certify that
 Mr. / Ms. _____ (certificate applicant)
 has provided correct information in the application form for issue of an (n)exIM Digital Certificate to the best of my knowledge and belief and is working with _____
 (EXIM organization name). He / She is hereby authorized to obtain a (n)exIM Digital Certificate to be used for DGFT (Directorate General of Foreign Trade) application and issued by (n)Code Solutions .

I also certify that the Certificate Applicant mentioned above is authorized to interact with DGFT for and on behalf of our organization through DGFT's web-application. Specifically , the Certificate Applicant is authorized to sign the various DGFT license applications.

I understand that, while holding a valid (n)exIM Digital Certificate , if this Certificate ever needs to be revoked, it is my organization responsibility to inform (n)Code Solutions regarding the same.

Details of Authorized Signatory

Name	<input type="text"/>	
Designation	<input type="text"/>	
Organization Name	<input type="text"/>	
Signature of Authorized Person (with stamp of Organization Office)	<input type="text"/>	
Date	<input type="text"/>	Place <input type="text"/>

(n) Care

Ahmedabad Corporate Office	Mumbai	Delhi	Bangalore	Chandigarh	marketing@ncodesolutions.com
079-4000 7300	022-22048908	011-26452279	080-25272525	0172-2707732	



e - S a f e , e - S e c u r e , e - S u r e