

Request No: \_\_\_\_\_ User ID: \_\_\_\_\_



**CERTIFYING AUTHORITY**  
Recognized by the controller of Certifying Authorities

**TATA CONSULTANCY SERVICES**

**VARTC**

**REQUEST FORM FOR CLASS 2 CERTIFICATE**

**USER TYPE – COMPANY**

**Instructions:** Items marked with \* are mandatory.

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

**Validity\*** 1 Year  2 Years

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

**CORPORATE / BRANCH / REGISTERED OFFICE / FIRM / TRUST / ORGANIZATION:**

**Name\***

**Address\***

**City\***  **State\***  **PIN Code\***

**Country\***  **Ph. No.\***  **Mobile No\***

**PAN No.\***  **Fax No.\***

**NATURE OF BUSINESS\***  (For Example: Manufacturing)

**APPLICANT DETAILS:**

**GENDER \*** Male  Female

**Name (Full Name)\***

**Residential Address\***

**City\***  **State\***  **PIN Code\***

**Country\***  **Ph. No.\***  **Mobile No\***

**DOCUMENT CHECKLIST FOR COMPANY TYPE OF CERTIFICATE:\***

Corporate / Branch / Registered Office (anv one ATTESTED copy required - Attested by Gazetted Officer or Bank Manager)

**Public & Private Limited Company**

<input type="checkbox"/>	Certificate of Incorporation		Business Commencement	
<input type="checkbox"/>	Memorandum and Articles		Latest Annual Report	

**Partnership Firm**

<input type="checkbox"/>	Partnership Deed			
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**Proprietorship Firm**

<input type="checkbox"/>	Latest Bank Statement		Latest Income Tax Return	
<input type="checkbox"/>	Latest Balance Sheet		Sales Tax/VAT Certificate	
<input type="checkbox"/>	Business Commencement Licence		Service Tax Certificate	

**APPLICANT PROOF OF IDENTITY AND RESIDENCE\*** (ATTESTED copy required - Attested by Gazetted Officer or Bank Manager)**Identity and Residence**

Passport		Driving License	
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**Identity**

PAN Card		Driving License	
Bank Passbook with Photo		Passport	
ID Card Issued by Govt.			

**Residence**

Latest Telephone Bill		Driving License	
Latest Bank Statement		Passport	
Latest Electricity Bill			

 **LETTER OF AUTHORITY\***
**ANNEXURE A - LETTER OF AUTHORITY**

I, \_\_\_\_\_, in the capacity of the \_\_\_\_\_

*(Name of Authorizing Person - Name of Applicant in case of Self Authorization)* *(Designation of Authorizing Person)*

of, \_\_\_\_\_, authorize \_\_\_\_\_

*(Name of Organization/Company/Firm/Trust)* *(Name of Applicant - in case of Self Authorization write 'myself')*

whose signature is attested below to carry out all the necessary formalities on behalf of \_\_\_\_\_

\_\_\_\_\_ for application of class II digital signature certificate with the

*(Name of Organization/Company/Firm/Trust)*

validity period of \_\_\_\_\_ year(s).

*(Validity: like 1 year or 2 Years)*

\_\_\_\_\_  
Signature and Designation  
of Authorizing Person

\_\_\_\_\_  
Signature and Designation  
of the Applicant

**Note:** Guidelines on how to fill the Letter Of Authority based on type of organization.

- Public & Private Limited Companies: The Applicant of the certificate has to get himself authorized by the superior to whom he/she reports in the said company. If the applicant himself is the head of the organization, he can authorize himself.
- Partnership Firms: The Partner who is the applicant of the certificate has to get himself authorized by the other partner of the said Partnership Firm.
- Proprietorship Firms: The Proprietor who is the applicant of the certificate has to self authorize as he is the whole & sole responsible of the Proprietary Concern.

<b>Applicant Declaration</b>	<b>RA Declaration</b>
<p>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.</p> <p>I am fully aware of the risks associated with sharing of my Digital Signature and I authorize my RA to generate and download my Digital Signature Certificate on my behalf. I will not hold liable for any misuse by anybody with this Digital Signature Certificate.</p> <p>Date: _____ Place: _____ Signature of Applicant</p>	<p>I hereby confirm that I have received and verified the documents submitted by the subscriber.</p> <p>Date: _____ Place: _____ Signature of RA Office</p>

RA OFFICE NAME : **Value Added Research Trading Company - Registration Authority**

The certificate Request Form Online Enrollment Form, Demand Draft and the supporting documents as per the document checklist have to be forwarded to the following address: