

TATA CONSULTANCY SERVICES LIMITED – CERTIFYING AUTHORITY
REQUEST FORM FOR CLASS 3 CERTIFICATE
[INSTRUCTIONS](#)

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

USER TYPE – COMPANY

Validity of DSC*

<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years
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e-mail Address *^

Alternative e-mail Address

Corporate / Branch / Registered office - Organisation Details

Name*^

Nature of Business*

Company Registration No.

House Identifier*^

Street Address*^

City*^ Pin Code*^

Country*^ State*^

Telephone* Mobile

FAX

PAN*

Applicant Details

Gender* Male Female

Surname^ Given Name*^

Father/Husband's Name Initials^

House Identifier*

Street Address*

City*^ Pin Code*^

Country*^ State*^

Telephone* Mobile

Nationality*

DOCUMENT CHECKLIST FOR COMPANY TYPE OF CERTIFICATE

Corporate / Branch / Registered office (Any Copy ATTESTED by GAZZETTED Officer / Bank Officer)

Public & Private limited

<input type="checkbox"/> Certificate of incorporation	<input type="text"/>	<input type="checkbox"/> Business commencement	<input type="text"/>
<input type="checkbox"/> Memorandum and articles	<input type="text"/>	<input type="checkbox"/> Latest annual report.	<input type="text"/>

Partnership Firms

<input type="checkbox"/> Partnership deed	<input type="text"/>
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Proprietorship firms

<input type="checkbox"/> Latest bank statement	<input type="text"/>	<input type="checkbox"/> Latest income tax return	<input type="text"/>
<input type="checkbox"/> Latest balance sheet	<input type="text"/>	<input type="checkbox"/> Sales tax certificate	<input type="text"/>
<input type="checkbox"/> Business commencement licence	<input type="text"/>		

Subscriber proof of identity and residence(Any Copy ATTESTED by GAZZETTED Officer / Bank Officer)

Identity and Residence

<input type="checkbox"/> Certificate of incorporation	<input type="text"/>	<input type="checkbox"/> Business commencement	<input type="text"/>
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Identity

<input type="checkbox"/> PAN Card	<input type="text"/>	<input type="checkbox"/> Passport	<input type="text"/>
<input type="checkbox"/> Driving License	<input type="text"/>	<input type="checkbox"/> Bank A/C Passbook with Photo	<input type="text"/>
<input type="checkbox"/> Photo Identity Card	<input type="text"/>		

Residence

<input type="checkbox"/> Latest Telephone Bill	<input type="text"/>	<input type="checkbox"/> Latest Electricity Bill	<input type="text"/>
<input type="checkbox"/> Latest Bank Statement	<input type="text"/>	<input type="checkbox"/> Passport	<input type="text"/>
<input type="checkbox"/> Driving License	<input type="text"/>		
<input type="checkbox"/> Letter of Authority*	<input type="text"/>		

Annexure A - Letter of Authority

I, _____ in the capacity of the _____ of _____, authorize _____, whose signature is attested below to carry out all the necessary formalities on behalf of _____ for the application of a Class-3 Digital Signature Certificate with the validity period of _____ year(s). (required validity period needs to be mentioned)

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.

1. 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.
2. 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.
3. 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.

Applicant Declaration	RA 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.	I hereby confirm that I have received and verified the documents submitted by the subscriber.
Date : -	Date : -
Place : - Signature of the Applicant	Place : - Signature of the Applicant

RA OFFICE NAME : TCS-CA - Registration Authority / USER ID : _____ / REQUEST NUMBER : _____

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:

Duly mark the envelope as 'APPLICATION FOR DIGITAL CERTIFICATE'

TCS-CA - Registration Authority

Tata Consultancy Services [Certifying Authority - PKI Services] Advanced Technology Centre
deccanpark
1 - Software Units Layout Madhapur
Hyderabad -500 081