

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 – GOVERNMENT / BANKING SECTOR

Validity of DSC*	Gender*	<input type="radio"/> Male	<input type="radio"/> Female
<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years		
Surname^	Given Name^		
Father/Husband's Name	Initials^		
e-mail Address *^			
Alternative e-mail Address			
Organisation details			
Name^			
House Identifier^			
Street Address^			
City^	Pin Code^		
Country^	State^		
Telephone*	Mobile		
FAX			
Administrative ministry / Department*			
Government of India / State Government*			

DOCUMENT CHECKLIST FOR COMPANY TYPE OF CERTIFICATE

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

Identity and Residence			
<input type="checkbox"/> Passport		<input type="checkbox"/> Driving License	
Identity			
<input type="checkbox"/> PAN Card		<input type="checkbox"/> Passport	
<input type="checkbox"/> Driving License		<input type="checkbox"/> Bank A/C Passbook with Photo	
<input type="checkbox"/> Photo Identity Card			
Residence			
<input type="checkbox"/> Latest Telephone Bill		<input type="checkbox"/> Latest Electricity Bill	
<input type="checkbox"/> Latest Bank Statement		<input type="checkbox"/> Passport	
<input type="checkbox"/> Driving License			
<input type="checkbox"/> Letter of Authority*			

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

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 : -	Place : -
Signature of the Applicant	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

