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TATA CONSULTANCY SERVICES
Experience certainty.

CERTIFYING AUTHORITY
Recognized by the controller of Certifying Authorities

TATA CONSULTANCY SERVICES LIMITED – CERTIFYING AUTHORITY
REQUEST FORM FOR CLASS 2 CERTIFICATE
INSTRUCTIONS

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

USER TYPE – GOVERNMENT / BANKING SECTOR

Validity of DSC*

☐	Empower India DSC	☐	1 year
☐	2 Years		

Gender* ○ Male ○ Female

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 GOVERNMENT TYPE OF CERTIFICATE

Subscriber proof of identity and residence(ATTESTED copy required)

☐ Identity and Residence

☐	Passport		☐	Driving License	

☐ Identity

☐	PAN Card		☐	Passport	
☐	Driving License		☐	Bank A/C Passbook with Photo	
☐	Photo Identity Card				

☐ Residence

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

☐ Letter of Authority* 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/Class-2 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 am fully aware of the risks associated with sharing of my Digital Signature and I authorise my RA to generate and download my Digital Signature Certificate on my behalf.I will not hold TCS-CA liable for any misue by the RA with this Digital Signature Certificate. Date: Place: Signature of the Applicant	I hereby confirm that I have received and verified the documents submitted by the subscriber. Date: Place: Signature of the RA Officer

RA OFFICE NAME : _____ / **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'

RA Office

_____

_____

_____

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