



Central Depository Services (India) Limited

Convenient Dependable # Secure

COMMUNIQUE TO DEPOSITORY PARTICIPANTS

➤ In the Application/Enrollment Form (Annexure A), the following details should be entered by the applicants:

- Digital Signature Certificate - Enrolment Form for Request No. : Not to be filled
Type of Subscriber : Individual OR Company
- Class of Certificate : Class 2
Validity of Certificate : 02 Years
- Type of Certificate : Signing
Registration Authority : CDSL
- CSP : Not to be filled

For the remaining fields applicants are requested to adhere to the instructions as given on the reverse of the Application/Enrollment Form.

➤ The application/enrollment form should be duly filled and completed in all respects along with the applicant's photograph and signature across the photograph and extended to the application/enrollment form. It is desirable to use blue ink while filling the form.

The list of supporting documents as mentioned on the reverse of the form should be submitted.

➤ All the supporting documents submitted should be attested by Gazette Officers/Bank Manager/Post Master and should contain the attesting authority's stamp along with designation. **Please note that, attestation by DP is not acceptable.**

Documents submitted for address proof like utility bills, bank statement etc. should be recent i.e. within last three months period of date of application. Further the address mentioned on the application form should match correctly with the address on the address proof document submitted.

➤ The photo and the applicant's signature in photocopy of the photo identity proof provided should be clearly visible.

The signature of the applicant on the application form should match with the signature on the supporting documents provided.

➤ For Corporate BOs the documents to be obtained as organization proof is mentioned on the reverse of the Application/Enrollment form.

Applicants have to submit two sets of all the documents i.e. one set duly attested in original and the second set may either be a photocopy of the first set or be similar to the first set.

Digital Signature Certificate – Enrollment Form For Request No*^ -

Type of Subscriber*	Class of Certificate*	Validity of Certificate*	Type of Certificate*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Authority^

CSP^

Subscriber Details

Name*	Surname	Given Name*	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email ID*

Alternative Email ID

Affix recent passport size photograph of the subscriber. Subscriber to sign across the photograph extended to enrollment form.

Organization Name**

Organization Unit**

Residential Address*

Town/City/District* Postal Code*

Country* State*

Landline Number Mobile*

Identity and Address Proof (ATTESTED)

Photo Identity Proof* Address Proof*

Organization Proof**

Subscriber Declaration

I hereby declare that all the information provided on the application form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. As a subscriber I have read and understood the requirements specified in TCS CA Certificate Practice Statement (CPS), Subscriber Agreement and will abide by it. I am fully aware of the security risks involved in holding the private key in a PFX.

Subscriber Signature*

Date* Place*

Letter of Authority (For Company and Government Users Only)

I _____ in the capacity of _____ of the Organization,
_____ authorize the Subscriber to carry out all the necessary formalities on behalf of the Organization for the application
of a Class __ Digital Signature Certificate with the validity period of _____.

Signature & Seal of Authorizing Person*

RA Declaration

I hereby inform that I have received and verified the documents submitted by the Subscriber.

RA Name*^

RA Signature*^

Date*^

Place*^

RA Contact Address*^

Instructions:

1. Fields marked with * are **MANDATORY**.
2. Fields marked with ** are **OPTIONAL** for Individual users.
3. Fields marked with ^ are to be filled by **Administrator**.
4. **Type of Subscriber** - Accepted values are: INDIVIDUAL, COMPANY or GOVERNMENT.
5. **Class of Certificate** - Accepted values are: CLASS 1, CLASS 2 or CLASS 3.
6. **Validity of Certificate** - Accepted values are: 6 MONTHS, 1 YEAR or 2 YEARS.
7. **Type of Certificate** - Accepted values are: SIGNING or ENCRYPTION.
8. **Organization Name** - Accepted value for Individual users is: PERSONAL.
9. Address, Town/City/District, State, Country and Postal Code fields should be filled as per Address Proof document
10. **Photo Identity Proof** - Accepted values are: PAN CARD, PASSPORT, BANK A/C PASSBOOK WITH PHOTO, DRIVING LICENSE or PHOTO IDENTITY CARD.
11. **Address Proof** - Accepted values are: LATEST TELEPHONE BILL, LATEST ELECTRICITY BILL, LATEST BANK STATEMENT, PASSPORT, DRIVING LICENSE, WATER BILL, GAS CONNECTION, SERVICE TAX, VAT TAX, SALES TAX REGISTRATION CERTIFICATE, VOTER IDENTITY CARD or PROPERTY TAX.
12. **Organization Proof** is applicable for only Company type of Users. Following values are accepted:
 - a. PUBLIC & PRIVATE LIMITED: CERTIFICATE OF INCORPORATION / BUSINESS COMMENCEMENT / MEMORANDUM AND ARTICLES / LATEST ANNUAL REPORT.
 - b. PARTNERSHIP FIRMS: PARTNERSHIP DEED
 - c. PROPRIETORSHIP FIRMS: LATEST BANK STATEMENT / LATEST INCOME TAX RETURN / LATEST BALANCE SHEET / SALES TAX CERTIFICATE / BUSINESS COMMENCEMENT LICENSE.
13. All Supporting documents should be attested by Gazetted officers or Bank Manager or Post Master or Registration Authority under TCS-CA.
14. In the case of foreign nation, all the validation documents must be notarized by the public notary of the respective country in English.


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electronic **a**ccess to **S**ecurities **i**nformation and **e**xecution of **S**ecured **t**ransactions (**easiest**)

Registration Form - Beneficial Owner [BO] / Clearing Member [CM]

Name of the Beneficial Owner(s)/ Clearing Member(s)	1.	
	2.	
	3.	
DPID		Client ID
User Name		
DP Name		
DP Address		
Email Address of the BO/CM		
Tel. No. [with STD code]		
Transfer option	Trusted A/c	Account of choice

I/We would like to register above-mentioned account for the **easiest** service. I/We hereby agree to the terms and conditions I/we have read earlier for availing the said service.

Date ___/___/_____

Place _____

Signature(s)

First Holder	Second Holder	Third Holder

(To be filled up by the DP)

This is to certify that

1. _____
2. _____
3. _____

are maintaining BO Account no. _____ with us. We have verified the signatures of the said account holders and they match with the specimen signatures as per our records.

Date ___/___/_____

Place _____

Authorized Signatory & Stamp of DP: _____

**ADDITIONAL ACCOUNT FORM (Company)
FOR USAGE OF DIGITAL SIGNATURE CERTIFICATE**

Annexure – 9

Date: __/__/_____

To:

DP Name : _____

DP ID : _____

We have subscribed to CDSL's *easiest* facility with **Account of Choice** and have opted for Digital Signature with the following details:

1. Name of Organization : _____
2. Email Address : _____
(of Authorised Signatory)
3. Login Name : _____
4. Name of Authorized Signatory : _____
5. Designation : _____
6. Address : _____

7. Telephone No. : _____
8. Mobile No. : _____

Existing E token Details (if applicable)

1. Certificate Serial No. : _____
2. E Token Serial No. : _____
3. Date of Issue : _____

We hold the following BO accounts with CDSL and hereby declare that these accounts are held in the same name with the same authorized signatory(ies). We would like to use **one digital signature** for transacting in all the logins of these accounts:

BOLD	Name of the Account	Easiest Login Name

**ADDITIONAL ACCOUNT FORM (Company)
FOR USAGE OF DIGITAL SIGNATURE CERTIFICATE**

Annexure – 9

BOID	Name of the Account	Easiest Login Name

Declaration

The rules and regulations pertaining to CDSL's *easiest* facility which are in force have been read and understood by me/us and I/we agree to abide by and to be bound by the same. I/We declare that the account details given above indeed belong to me/us. Any changes in the details of the account/Digital Signature Certificate (DSC) will be intimated to CDSL through the DP and existing the DSC will not be used. At the time of renewal of the DSC, I/we declare that the details will be furnished again to CDSL through the DP.

Sr. No.	Name of Signatory	Signature

For Office Use Only [DP]

(Not to be filled up by the applicant)

The applications form is verified with the details of the beneficial owner(s) accounts and we certify that the same are in order.

Name of Authorized Signatory: _____

Signature : _____

(DP stamp & Date)

For Office Use Only [CDSL]

Checked by Help Desk Official : _____

Authenticated by Manager (Operations) : _____

Approved by Vice President (Operations): _____