FORM B

APPLICATION FORM FOR ISSUE OF DIGITAL CERTIFICATE FOR SUBSCRIBER OF GOVERNMENT AND BANKING SECTOR

Class of certificate applied :

Certificate Required :   Individual/Server/Web server

Certificate Validity :

Name: _____

Email Address: _____

_____

_____

Office Address : _____

(with Designation and Department)(Optional)

Telephone: _____

_____

_____

_____

Residential Address :

Telephone. _____

Web Server _____

In case the application is for a device, then details of Server/Device for which the certificate is being applied for must be filled.

Services_____

IP address_____

URL/Domain Name_____

Physical Location_____

Date:

Place:

(Signature of the Applicant)