CA Firm Name		
Phone Number		
Applicants Name		
E-mail Id		
Phone Number		
Pin Code		
Validity	1 year ☐	6 months ☐
Token	Yes ☐ No ☐	Alladin ☐ Plug-n-Play ☐
Payment Details	Cash Amount Rs _____	
	Cheque Details Bank Name _____ Cheque Number _____ Amount Rs. _____	

For Office Use only

Serial Number	☐
Request Number	☐
Request Mail	☐
Signed	☐
Pin Mail	☐
pfx Mailed	☐

Vision Consultancy
"Shree Parshwa", 138/2, 'E', Behind IDBI Bank, Near Swaminarayan Mandir,
Assembly Road, Kolhapur – 416 001
Phone: (0231) 265 65 20 Mobile:97 6757 91 41
Email: visionconsultancy01@gmail.com

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

USER TYPE – INDIVIDUAL

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

Instructions:
1. Please fill the form in BLOCK LETTERS
2. Items marked with * are mandatory.
3. For the items marked with # (Details for at least one are mandatory)

DETAILS TO BE FILLED IN BY THE APPLICANT: *

FULL NAME *
Last Name/Surname

First Name

Middle Name

GENDER *(Tick as applicable)

Male ☐ Female ☐

Residential Address *

Pin Code

Mobile Phone No.

Telephone No.

Area Code Telephone No.

Office Address *

Pin Code

Details of at least one are mandatory #

PASSPORT NO. #

VOTER'S IDENTITY CARD NO. #

INCOME TAX PAN NO. #

E-MAIL ADDRESS * (Mandatory - a valid and active email ID that is accessed frequently)

The information provided above in the Request Form for procuring a DSC from TCS-CA is true and correct to the best of my knowledge.

Date

Signature of the Applicant

CHECKLIST FOR INDIVIDUAL TYPE OF CERTIFICATE

The following is a list of the supporting documents that you need to submit along with the Certificate Request Form.

NOTE :

- *ATTESTATION TO BE DONE BY GAZZETTED OFFICER* ***or*** *Practicing Professional* ***(CA / CS / ICWA)****.*
- *NOTARIZATION TO BE DONE BY PUBLIC NOTARY.*

Sr. No.	Required Documents (Photo copies)	Document submitted	Documents verified by RA
1	**Applicant Verification Documents (any one attested copy required)** • Passport • Voter's ID • Bank Account Details • Driver's license • Ration Card • Any Other	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐
2	Online Certificate Enrollment Form with Request Number + Letter of Authority *(Available for printing on completion of Online Enrollment)* **(Required)**	☐	☐

Instructions

1. All subscribers are advised to read Certificate Practice Statement of CA.
2. The certificate shall be downloaded onto the same computer / Hardware device (USB token, Smart Card etc.) by login as same computer user account from where the request was initiated.
3. After placing an online request for a certificate, the following activities **shall not** be carried out until the certificate is successfully downloaded:
   - Formatting of the computer
   - Deletion of computer user account used to logon when the request was initiated
   - Reinstallation or upgrade of the Internet browser on the computer from which the certificate request was initiated.
4. The certificate must not be shared with others or used by them on your behalf.
5. If you lose your key pair, you shall inform the RA Administrator immediately and apply for the revocation of your certificate.

6. Application form must be submitted in person.
7. Incomplete/Inconsistent application is liable to be rejected.

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.

Date:
Place: Signature of the Applicant

TO BE FILLED BY RA OFFICE
The above details have been verified and found to be correct. Signature of RA Office Name: Date: