Registration Form for (n)eXIM Digital Certificate

Customer Identification Number _____ **(For office Use Only)**

Instructions

1. Please fill the form in BLOCK LETTERS in English only.
2. This form is divided into two parts Form A & Form B.
3. Form A contains details of certificate applicant and needs to be filled up each time.
4. Form B contains organizational details and needs to be filled up only once for an Enterprise / Organization.
5. This form is for procuring (n)eXIM Digital Certificate for usage in DGFT(Directorate General of Foreign Trade)
6. (n)eXIM Certiifcate refers to Class 3 Organization and will bear Object Identification as 2.16.356.100.2.3.
7. As per New Interoperability Guidelines ver 2.1, all the DSCs issued from 4th April 2011 to 31st Dec 2011 will carry the validity of **ONE** year.
8. The DSC issued would be for Signing only.

Affix recent passport size photograph of the applicant

Applicant to sign across the photograph extended to application form

FORM A

IEC Number

Branch Code

(As assigned to your company's branch for operating in the city)

Name of the Applicant (As required in the Digital Signature Certificate)
Please ensure that the name as it appears in the identity proof matches with the name mentioned below

Surname	First Name	Initials

Organization Name	
Office Address	
(As per Branch Code)	
Town/City/District	
State/Union Territory	

PIN		Department	

Contact Number — STD Code | PH | Fax

Mobile No.

Date of Birth — D D M M Y Y Y Y

E-mail Address

Identity Details
(Please tick and fill ANY ONE)

Number

Passport // Driving License // PAN // PF AC./ ID //

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FORM B

Details to be filled up for eXIM organization

(**Corporate / Registered office details** (as registered with DGFT [Directorate General of Foreign Trade])

Name

Address

Town/City/District

State/Union Territory

PIN

Contact Number

(STD Code)	(Phone Number)	(Fax Number)

Website

Income Tax PAN

Bank Details

Bank Name

Bank A/c No

I hereby agree that I have read and understood (n)Code Solutions CA CPS and the Subscriber Agreement and promise to abide by the same. I also acknowledge that I shall be using USB Crypto Tokens to store my private key as prescribed in guidelines for storage of private keys provided by Controller of Certifying Authorities.I acknowledge that information provided in Form A & Form B are Correct to my knowledge.

Date : _____   Place : _____

Signature of Applicant

[Name:]

Cheque / D.D. to be Drawn in favour of "(n)Code Solutions, A Division of GNFC Ltd."

Cheque should be " Payable at Par "

Payment Details

DD / Cheque Number _____

Date _____ Amount _____

Bank Name _____

LRA Details

All Documents Checked & Verified by

LRA Name / Stamp / Signature

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Documents Required for Verification

Documents Required for an Organization / Enterprise

Certified true copy (from Company Secretary / Director / Partner / Proprietor of the organization) any one of

- [ ] Certificate of Incorporation **or**
- [ ] Memorandum and Articles of Association **or**
- [ ] Registered Partnership Deed **or**
- [ ] Valid business license document

Certified true copy any one of latest :

- [ ] Annual Report **or**
- [ ] Income Tax Return **or**
- [ ] Statement of Income **or**
- [ ] Letter from the bank giving bank details of the organization

- [ ] Authorization Letter in favour of the certificate applicant from the applicant organization (as per the format attached herewith, on the Companys Letterhead Only)
- [ ] Latest photograph of the applicant

- [ ] IEC Certificate Photocopy

Note :

> Applicants are required to present themselves at the LRA location where the registation form of (n)eXIM was sent, for verification of physical presence.

> Please refer to the CPS for more information.

> In case you require any assistance, please get in touch with us at support@ncodesolutions.com or dial TollFree : 1800 – 233 - 1010

e-Safe , e-Secure , e-Sure

Registration Form for (n)eXIM Digital Certificate

Customer Identification Number: _____ **(For office Use Only)**

Signature Verification (Authorization) Letter

(This Authorization Letter is required on the Organization's letterhead)

To,

(n) Code Solutions,

A Division of Gujarat Narmada Valley Fertilizers Company Limited.

This is to certify that

Mr. / Ms. _____(certificate applicant)

has provided correct information in the application form for issue of an (n)eXIM Digital Certificate to the best of my knowledge and belief and is working with _____

(EXIM organization name). He / She is hereby authorized to obtain a (n)eXIM Digital Certificate to be used for DGFT (Directorate General of Foreign Trade) application and issued by (n)Code Solutions .

I also certify that the Certificate Applicant mentioned above is authorized to interact with DGFT for and on behalf of our organization through DGFT's web-application. Specifically , the Certificate Applicant is authorized to sign the various DGFT license applications.

I understand that, while holding a valid (n)eXIM Digital Certificate , if this Certificate ever needs to be revoked, it is my organization responsibility to inform (n)Code Solutions regarding the same.

Details of Authorized Signatory

Name	
Designation	
Organization Name	
Signature of Authorized Person (with stamp of Organization Office)	

Date		Place	

(n) C a r e

Ahmedabad Corporate Office	Mumbai	Delhi	Bangalore	Chandigarh	marketing@ncodesolutions.com
079-4000 7300	022-22048908	011-26534238	080-25272525	0172-2707732	

TollFree : 1800 – 233 - 1010

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