

**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 – INDIVIDUAL

Validity of DSC* 1 year 2 Years

Gender* Male Female

Surname^ Given Name*^

Father/Husband's Name Initials^

E-Mail Address*^

Alternative E-Mail Address

Organization Details

Name

House Identifier

Street Address

City Pin Code

Country State

Telephone Mobile

Residential address

House Identifier*^

Street Address*^

City*^ Pin Code*^

Country*^ State*^

Telephone* Mobile

DOCUMENT CHECKLIST FOR INDIVIDUAL TYPE OF CERTIFICATE

Subscriber proof of identity and residence(ATTESTED copy required)

Identity and Residence

<input type="checkbox"/> Passport	<input type="text"/>	<input type="checkbox"/> Driving License	<input type="text"/>
<input type="checkbox"/> Photo Identity Card	<input type="text"/>		

Identity

<input type="checkbox"/> PAN Card	<input type="text"/>	<input type="checkbox"/> Passport	<input type="text"/>
<input type="checkbox"/> Bank A/C Passbook with Photo	<input type="text"/>	<input type="checkbox"/> Driving License	<input type="text"/>
<input type="checkbox"/> Photo Identity Card	<input type="text"/>		

Residence

<input type="checkbox"/> Latest Telephone Bill	<input type="text"/>	<input type="checkbox"/> Latest Electricity Bill	<input type="text"/>
<input type="checkbox"/> Latest Bank Statement	<input type="text"/>	<input type="checkbox"/> Passport	<input type="text"/>
<input type="checkbox"/> Driving License/RC	<input type="text"/>	<input type="checkbox"/> Water Bill	<input type="text"/>
<input type="checkbox"/> Gas Connection	<input type="text"/>	<input type="checkbox"/> Service Tax/VAT Tax/Sales tax Registration Certificate	<input type="text"/>
<input type="checkbox"/> Voter Identity Card	<input type="text"/>	<input type="checkbox"/> Property Tax	<input type="text"/>

Applicant Declaration	RA Declaration
<p>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.</p>	<p>I hereby confirm that I have received and verified the documents submitted by the subscriber.</p>
<p><input type="checkbox"/> 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 misuse by the RA with this Digital Signature Certificate.</p>	<p>Date: _____ Place: _____</p>
<p>Date: _____ Place: _____</p>	<p>Signature of the RA Officer</p>
<p>Signature of the Applicant</p>	

RA OFFICE NAME : RA Office / **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 Name: _____
