

Digital Signature Certificate Replacement Form



Undertaking for Renewal and Revocation of Digital Certificate.

(In case of Certificate mis-download only)

To,
(n)Code Solutions, A Division of Gujarat Narmada Valley Fertilizers & Chemicals Limited.

I, hereby confirm and acknowledge that the documents submitted by me for procurement of Digital Certificate with Customer Identification Number (CIN) , during Certificate download process the said DSC has been mis-downloaded and no private/public key is available with me for the same as on date.

I hereby also confirm that I want to revoke the certificate as it was mis-downloaded and request you to replace the same by using following details.

Replacement Details

Validity	1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/>	Type	Only Signing <input type="checkbox"/> Sign & Encrypt <input type="checkbox"/>	Customer ID	<input type="text"/>
Name of Applicant	Surname <input type="text"/>	First Name <input type="text"/>	Middlename <input type="text"/>		
Name of the Organization	<input type="text"/> (Incase of organization)				
Class of Certificate to be Renewed (Please tick the one applicable)					
<input type="checkbox"/> Class 2 (Individual)	<input type="checkbox"/> Class 3 (Individual)	<input type="checkbox"/> Class 2 (Organization)	<input type="checkbox"/> Class 3 (Organization)	<input type="checkbox"/> (n)eXIM for DGFT	<input type="checkbox"/> Class 3C for website
PAN No.	<input type="text"/>			Mobile no.	<input type="text"/>
(Applicable for Class2 & Class3 Individual Applicant in case of Income Tax E-filing)				(In case it is changed)	
e-mail ID (In case it is changed)	<input type="text"/>			Department	<input type="text"/>
Date :	<input type="text"/> (Signature & Seal*)				

(Digital Signature / Seal of Applicant / LRA)

(In case of electronic submission, DSC Replacement Form shall be digitally signed.)

Verified by (n)Code Office	For LRA use only
All Documents Checked & Verified by :	All Documents Checked & Verified by :
Seal & Signature	LRA Name, Seal & Signature

To be filled by RA	Name Of RA: <input type="text"/>	Ref No: <input type="text"/>	Dt : <input type="text"/>
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(n)Code Offices Corporate Office Ahmedabad : 079-4000 7300 • dscsales@ncode.in

Mumbai 022-22048908 mumbaissales@ncode.in	Delhi 011-26452279/80 northsales@ncode.in	Bangalore 080-25272525 southsales@ncode.in	Chandigarh 0172-2707732 punjabsales@ncode.in	Surat 0261-3003690 suratsales@ncode.in
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