

**Class 2 Document Signer (PFX) Declaration.**

(To be submitted to CA)

To,

Vsign CA

2<sup>nd</sup> Floor, Bhavna Building, V.S. Marg,

Prabhadevi, Mumbai – 400025

1. I hereby declare and understand that the Organizational Document Signer Certificate issued to us will be used only for the automated signing of documents/information and will not be used in any other context including individual signature.
2. I hereby declare that necessary controls have been built into software applications to ensure that there is no misuse.
3. I hereby declare and understand that the documents/messages authenticated using the Organisational Document Signer Certificate issued to us have organisational accountability.

Authorized Person Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Organization Identity Card Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email ID: \_\_\_\_\_

Signature: \_\_\_\_\_

(Seal & Stamp)

Date: \_\_\_\_\_