



Customer Identification Number _____ (For office Use Only)



Instructions

- 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 Certifcate 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 Department					
Contact Number	STD Code PH Fax					
Mobile No.						
Date of Birth	D D M M Y Y Y					
E-mail Address						
Identity Details	Number					
(Please tick and fill ANY ONE)	Passport // Driving License // PAN // PF AC./ ID //					
Town/City/District State/Union Territory PIN Contact Number Mobile No. Date of Birth E-mail Address Identity Details (Please tick and	STD Code PH Fax D D M M Y Y Y Y Number					







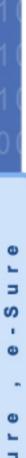
FORM B

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TOTALIS DE LA CONTRACTOR DE LA CONTRACTO								
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 De	tails							
Bank Name								
Bank A/c No								
by the same. I also acknowledg	and understood (n)Code Solutions CA CF ge that I shall be using USB Crypto Token ring Authorities.I acknowledge that inform	s to store my private key as prescr	ibed in guidelines for storage of private keys					
Date :	Authorities. acknowledge that illion	Place :	are correct to my knowledge.					
	Signature of Applicant							
	[Name:]							
·	in favour of "(n)Code Solutions, A [Division of GNFC Ltd."						
Payment Details	e at Par	LRA Details						
DD / Cheque Number _	All Documents Checked & Verified by							
	Amount							
Bank Name		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					







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Signature Verification (Authorization) Letter

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

То,								
(n) Code Solutio	(n) Code Solutions,							
A Division of Gui	iarat Narmada Valle	v Fertilizers Compa	any Limited.					
A Division of Gujarat Narmada Valley Fertilizers Company Limited.								
This is to certify	that							
			(certificat	te applicant)				
	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								
	gn Trade) applicati			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
delieral of Foreig	gii irade / applicati	on and issued by (i	i)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 Au	thorized Signatory							
Name								
Designation								
Organization Nan	ne							
Signature of								
Authorized Perso	n							
(with stamp of Org	anization							
Office)								
Date			Place					
Ahmedabad	(n) C a	re						
Corporate Office	Mumbai	Delhi	Bangalore	Chandigarh	markating@nasdasaluttana			
079-4000 7300	022-22048908	011-26534238	080-25272525	0172-2707732	marketing@ncodesolutions.com			

TollFree: 1800 - 233 - 1010

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