



1. Please fill the form in English only in legible format and preferably **IN BLUE INK**.
2. For obtaining Class 3 "In Person verification and video recording of DSC applicant" is mandatory as per CCA - Guidelines.
3. As a Pre-requisite once the form is processed, Please send SMS as below to any one of these no. 092239 90613, 090163 60370.  
[Customer id :Space[**CID NO.**]Space[**Email:**] Space[\_\_\_\_\_]
4. All supporting documents should be attested by Gazetted Officer or Bank Manager or Post Master and the Name, designation, office address and contact number of the attesting officer should be clearly visible.
5. Incomplete application is liable for Rejection. The rejected form would be physically discarded after 15 days from the date of rejection. No request would be entertained with respect to rejected form after the rejection period.
6. OID would be as per our CPS. Please refer to our CPS at [www.ncodesolutions.com/cps.pdf](http://www.ncodesolutions.com/cps.pdf) for more information.
7. Incase of keypair been compromised/lost/deleted, please apply for revocation of certificate.
8. FIPS 140-1/2 level validated Hardware cryptographic token required to download the DSC.

Date & Time of Communication	<input type="text"/>		
Name of Certificate Holder	<input type="text" value="Surname"/>	<input type="text" value="Name"/>	<input type="text" value="Initials"/>
Public Key of Certificate Holder	<input type="text"/>		
	(Please attach a print out of the Digital Certificate wherein the Public Key is displayed)		
Class of Certificate to be Revoked (Please tick the one applicable)	<input type="checkbox"/> Class2	<input type="checkbox"/> (n)eXIM	<input type="checkbox"/> SSL
	<input type="checkbox"/> Class3	<input type="checkbox"/> Document Signer	<input type="checkbox"/> Code Signer
Certificate Type	<input type="checkbox"/> Only Signing	<input type="checkbox"/> Certificate Type	
Reason for Revocation (Please tick the one applicable)	<input type="checkbox"/> Private key Compromise	<input type="checkbox"/> Death / Insolvency of the Subscriber	
	<input type="checkbox"/> Information in the Certificate has Changed	<input type="checkbox"/> Dissolution / Winding up of the Company	
	<input type="checkbox"/> Other (please specify) _____		
Distinguished Name	<input type="text"/>		
Serial No. of Certificate	<input type="text"/>		
Certificate Fingerprint	<input type="text"/>		
Date of Revocation Request	<input type="text"/>		
Customer Identification Number	<input type="text"/>		

(To be filled by RA)		Signature of Certificate Holder
Name of RA	<input type="text"/>	
Ref. No.	<input type="text"/>	
Date	<input type="text"/>	

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