

(TO BE PRINTED ON THE LETTERHEAD ONLY)
Proof of Sufficient Authorization to act as a Signatory

[APPLICABLE TO ALL CENTRAL GOVERNMENT EMPLOYEES, STATE GOVERNMENT EMPLOYEES, EMPLOYEES
OF STATUTORY BODIES, PUBLIC SECTOR UNDERTAKINGS AND OTHER GOVERNMENT ORGANIZATIONS]

(PLEASE DO NOT USE THIS FORM FOR EMPLOYEE CERTIFICATES)

To,
Capricorn Identity Services Pvt. Ltd. (**Capricorn CA**)
G-5, Vikas Deep Building, Plot no. 18,
Laxmi Nagar District Center, Delhi-110092.

Sub: Authorization for obtaining E-KYC & Digital Signature Certificate.

Select	DSC Type
<input type="checkbox"/>	Sign
<input type="checkbox"/>	Encryption
<input type="checkbox"/>	Sign & Encryption
1 / 2 / 3 years	Validity

I, Controlling / Administrative Authority / Head of Office / Head of Department (HOD) of the _____ (Organization Name), have understood the requirements of e-Sign/DSC enrolments under provisions of Information Technology Act, and will authorize the employees in line with these requirements. I have enclosed my ID card of Authorized signatory/identity letter issued by the organization.

Applicant Name	
Organization Name	
Position/Designation	
Department Name	
Organization ID Card No	
Office Address with PIN code	
Mobile No	
Email ID	

Signature: _____

(Seal & Stamp)

Authorizing Person Name: _____

Designation: _____

Mobile No. : _____

Email ID : _____

Date: _____

Enclosed: My Organization ID card / Identity letter issued by the organization

Note: All Fields are mandatory to fill.