

**To be typed in Organisations Letter head**

**Safe EXIM Digital Certificate Application Form**

**Paste  
Certificate  
Applicants  
Passport-size  
Photograph  
here**

Safe EXIM Serial Number: \_\_\_\_\_

**Certificate Applicant Data (as entered on the Online Enrolment Form)**

Name of the EXIM Organization: \_\_\_\_\_

IEC: \_\_\_\_\_ Branch Code (if applicable): \_\_\_\_\_

Postal Address of the EXIM Organization (as registered with DGFT):  
\_\_\_\_\_

State: \_\_\_\_\_ PIN Code: \_\_\_\_\_ Country: **India**

First Name of Certificate Applicant \_\_\_\_\_

Last Name of Certificate Applicant \_\_\_\_\_

E-mail ID of Certificate Applicant \_\_\_\_\_

Residence Address of Certificate Applicant: \_\_\_\_\_

State: \_\_\_\_\_ PIN Code: \_\_\_\_\_

Country: **India**

I do hereby declare that the information furnished above is true to the best of my knowledge and belief, and that I have personally enrolled at SafeScript's designated website for a Safe EXIM Digital Certificate, for use with the DGFT online application, on behalf of my organization. I also confirm that I have read the Subscriber Agreement published on the online enrolment form and also at [https://www.safescrypt.com/repository/agreements/Subscriber\\_Agmt-RCAI\\_Hierarchy.pdf](https://www.safescrypt.com/repository/agreements/Subscriber_Agmt-RCAI_Hierarchy.pdf)

(Signature of the Certificate Applicant)

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

(Company Seal)

**This Section to be completed only by the Authorised Signatory, if the Applicant is not the Authorised Signatory>**

**I, the Authorized Signatory for the above Organisation, certify that on \_\_\_\_\_ (Date), the Certificate Applicant, as stated above, is an employee of our organization with Employee ID number \_\_\_\_\_ (Employee ID of the Certificate Applicant).**

**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 online web-application. Specifically, the Certificate Applicant is authorized to sign the various DGFT license applications.**

**I hereby authorize the above Certificate Applicant to apply for and request a Safe EXIM Digital Certificate, valid for one year from the date of issuance. The Certificate Applicant has personally done the online enrolment for the SafeEXIM Digital Certificate at the SafeScript designated website.**

**I understand that, while holding a valid Safe EXIM Digital Certificate, if this certificate ever needs to be revoked, it is my organizations responsibility to inform SafeScript regarding the same.**

**I have read the "Instructions to the Authorized Signatory" and acknowledge by my signature, that the information in this document is complete and accurate as per our office records.**

Full Name of Authorised Signatory: \_\_\_\_\_

Designation: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

**(Signature of Authorised Signatory)**