

## 2. Annexure

### 2.1. Application form

#### ASP Application Form

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

Category of Organization

<input type="checkbox"/> Government Organization	<input type="checkbox"/> Bank/ Financial Institution/ Telecom Company
<input type="checkbox"/> Legal entity registered in India	<input type="checkbox"/> Not for Profit Organization/ Special Purpose
<input type="checkbox"/> Authority Constituted under Central Act	

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

Propose Business Scope \_\_\_\_\_

w.r.t. eSign Service: \_\_\_\_\_

#### **Management Point of Contact**

Nodal Person Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email-ID: \_\_\_\_\_ Telephone No \_\_\_\_\_

#### **Technical Point of Contact**

Nodal Person Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email-ID: \_\_\_\_\_ Telephone No \_\_\_\_\_

#### **Submitted By (from ASP Organization)**

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

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

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

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

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

#### **Approved By (from ESP)**

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

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

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

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

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