

## 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: \_\_\_\_\_