



RENEW



Registration Form for (n)21 Digital Certificate [Individual]

Customer Identification Number: _____
(For Office Use Only)

Affix recent
passport size
photograph of
the Applicant

Instructions:

- Please fill the form in **BLOCK LETTERS in English only**
- (n)21 Certificate refers to Class IIa

1. **VALIDITY OF (n)21** 1 Yr. 2Yrs.

2. **PROFESSION** Director CA CS CWA
 Financial Institution Partner OTHERS

(sign across photo)

Professional ID

3. **NAME OF THE APPLICANT** (As required in the **DIGITAL CERTIFICATE**)
 (Please ensure that the name as it appears in the Identity Proof matches with the name mentioned below)

4. **RESIDENTIAL ADDRESS**

Town / City / District

State / Union Territory

Pin

Telephone No.
 (STD Code) Phone No Fax No

Mobile Phone No.

5. **DATE OF BIRTH**

eg.
 DATE MONTH YEAR
 DD MM YYYY

OLD PASSWORD _____

6. **E-MAIL ADDRESS**

7. **IDENTITY DETAILS**
 (Please tick and fill **ANY ONE**) No.

Passport / Driving Lic. / Voter's ID / PAN / PF Ac. / Ration Card No.

DETAILS REQUIRED IF APPLICANT IS A FOREIGN NATIONAL

8. **DETAILS:**

Nationality

Passport No.

Visa Details



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Documents Required and Submitted by the Applicant

A Attested* Copy of any one: (Please tick the one submitted)

- Passport / Driving License / Voters ID / PAN Card / PF Statement/PF Book / Ration Card

B Attested* Copy as address proof of any one: (Please tick the one submitted)

- Latest telephone bill (landline or mobile) / Latest electricity bill / LIC receipt (if LIC policy is taken by applicant)
Documentary Proof of Professional Membership (ICAI, ICSI, ICWAI)
Latest Photograph of the applicant

C Only for Directors / Partners

- Declaration giving Director/ Partner details duly attested by CA / CS as per the format given below

Note: * Attestation may be by a Bank Manager of a Nationalized or Private bank (excluding Cooperative banks) / Public Notary / Class I Gazetted Officer / Company Secretary.

* In case the address on application is same as on document submitted under A (as above) then document mentioned in B is not required

I hereby agree that I have read and understood the provisions of the (n)Code Solutions CA CPS and the Subscriber Agreement and promise to abide by the same.

Place: _____
Date: _____

Signature Of Applicant
[Name: _____]

Cheque / D.D. to be Drawn in favour of _____

Table with 2 columns: Payment Details (D.D. Cheque No., Date, Amount, Bank Name) and LRA Details (Checked & Verified By, LRA Name / Signature / Stamp)

Contact: www.ncodesolutions.com E-Mail: support@ncodesolutions.com Toll Free: 1-800-233-1010

DECLARATION
(Applicable for Directors / Partners)

To,
(n)Code Solutions
A Division of Gujarat Narmada Valley Fertilizers Company Limited

This is to certify that Mr. / Ms. _____ (certificate applicant) is a bonafide Director / Partner of _____ (organization name)

Details of Attesting Authority

Name: _____
Profession: _____
Professional Membership No: _____
Date: _____
Place: _____

Signature with Stamp/Seal