



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

Customer Identification Number: _____
(For Office Use Only)

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

- Declaration giving Director 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: _____]

Registration form for (n)21 along with verification documents can be sent to any one of the nearest LRA locations given on (n)Code Solutions CA website.

Cheque / D.D. to be drawn in favour of “(n)Code Solutions, Division of GNFC Ltd.” Cheque should be “Payable at Par”

Payment Details	LRA Details
D.D. Cheque No. : _____	Checked & Verified By
Date : _____ Amount: _____	
Bank Name : _____	
	LRA Name / Signature / Stamp

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

**DECLARATION
(Applicable for Directors)**

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 of _____ (organization name)

Details of Attesting Authority

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

Signature with Stamp/Seal