

Annexure A<To be printed on the Letterhead of the EXIM Organisation>

Safe EXIM Digital Certificate Application Form

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): _____

Full Name of Certificate Applicant: _____

E-mail ID of Certificate Applicant: _____

Residence Address of Certificate Applicant: _____

State: **MAHARASHTRA** PIN Code: _____ Country: **India**

**Paste Certificate
Applicants
Passport-size
Photograph here
duly signed by
authorised
signatory, whose
signatory has
been verified by
the banker**

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.

(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 09/07/2004, the Certificate Applicant, as stated above, is an employee of our organization with Employee ID number 0123456789 (Employee ID of the Certificate Applicant).

I also certify that the Certificate Applicant mentioned above is authorized to interact with the 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 Certificate, valid for one year from the date of issuance. The Certificate Applicant has personally done the online enrolment for the Safe EXIM 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 organization's responsibility to inform SafeScript regarding the same at the earliest.

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)

Annexure B: Signature Verification Letter

<To be printed on the letterhead of the EXIM Organisation>

Signature Verification Letter

TO SAFESCRYPT LIMITED

This is to Certify that (Name Of The Organisation)
with its Office at (Address of the Organisation)
is maintaining a bank account (A/C NO.)with our Bank
.....(Bank Name)and operating that account
in the normal course of its business/activities. Mr./Mrs. is
the authorized signatory for the operation of the account. His/Her signature as appearing
below is duly attested (as per the records available with the bank).

(Signature of the Authorised Signatory)

Name: _____

Designation: _____

Date: _____

(Signature of the Branch Manager)

Name: _____

Designation: _____

Phone No : _____

(Bank Seal)