



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

Customer Identification Number: _____

(For Office Use Only)

Instructions:

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

Affix recent
passport size
photograph of
the Applicant

(sign across photo)

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

2. **PROFESSION** Director CA CS CWA OTHERS

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**

DATE
DD

MONTH
MM

YEAR
YYYY

eg.

6. **E-MAIL ADDRESS**

7. **IDENTITY DETAILS**

(Please tick and fill **ANY ONE**)

No.

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

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**
- 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. Contact :E-Mail : support@ncodesolutions.com Toll Free : 1-800-233-1010 Cheque / D.D. to be drawn in favour of "M/s Malpani Consultants Pvt. 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

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