

TATA CONSULTANCY SERVICES – CERTIFYING AUTHORITY
Central Depository Services (India) Ltd. - Registration Authority

REQUEST FORM FOR CLASS-2 CERTIFICATE
User Type - Company

Instructions:

- 1. Please fill the form in BLOCK LETTERS***
- 2. Items marked with * are mandatory.***
- 3. For the items marked with #, details for at least one are mandatory***

Affix recent
 Passport size
 Photograph of the
 Applicant

To be filled in by the Applicant:

COMPANY REGISTRATION NO. *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Incorporation/Agreement/ Partnership (DD/MM/YYYY) *

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PARTICULARS OF BUSINESS

A. Corporate/Head/Registered Office Address

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Flat/Door/Block No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Premises/
Building/Village

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Road/Street/Lane/
Post Office

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Area/Locality/Taluka
Sub-Division

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Town/City/District

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Union Territory

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pin

--	--	--	--	--	--

Telephone No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Fax

Web Page URL, if any

Nature of Business

Company Income Tax PAN No.

DETAILS OF APPLICANT *

FULL NAME *
Last Name/Surname

First Name

Middle Name

ADDRESS
Flat/Door/Block No.

Name of Premises/
Building/Village

Road/Street/Post Office

Area/Locality/Taluka
Sub-Division

Town/City/District

State/Union Territory



Pin

Telephone No.

Fax

Mobile Phone No.

Nationality

Visa details, in case of Foreign Nationals

PASSPORT DETAILS #

Passport No.

Passport Issuing Authority

Passport Expiry Date

VOTER'S IDENTITY CARD NO. #

INCOME TAX PAN NO. #

E-MAIL ADDRESS

TYPE OF DIGITAL CERTIFICATE REQUIRED * (Please tick)

Signing Certificate (Single Key pair)
(This can be used for signing and/or encryption)



ANY OTHER DETAILS

Date

Signature of the Applicant

To be filled by the DP

The above details have been verified and found to be correct.

Signature of Authorised Signatory of DP

Authorised Signatory Name:

Authorised Signatory Designation:

Date:

Seal:

To be filled by TCS - RA Office (CDSL)

The above details have been verified and found to be correct.

Signature of RA Office

Name:

Date:

Seal: