

TATA CONSULTANCY SERVICES LIMITED – CERTIFYING AUTHORITY REQUEST FORM FOR CLASS-2 CERTIFICATE

USER TYPE - INDIVIDUAL

1. Please fill the form in BLOCK LETTERS

2. Items marked with * are mandatory.

3. Please read the checklist and instructions before filling the form

Affix recent passport-size photograph of the applicant.

Applicant to sign across the photograph

DETAILS TO BE FILLED OR TYPED IN BY THE APPLICANT: *																		
FULL NAME * Last Name/Surname																		
First Name																		
Middle Name																		
GENDER *(Tick as applicable) Male Female Residential Address *																		
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Pin Code																		
Mobile Phone No.																		
Telephone No.	Ar	rea C	Code				Tele	epho	one N	No.								
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Office Address												
Pin Code				•		•		•		·	•	
Details of at least one are mandatory for identity proof (copy required) #												
PASSPORT NO. #		П	\top						Τ		\prod	$\neg \bot$
VOTER'S IDENTITY CARD NO. #												
INCOME TAX PAN NO. #												
E-MAIL ADDRESS * (Mandatory - a valid and active email ID that is accessed frequently and same as is entered in Certificate Enrollment Request Form)												
The information provide true and correct to the					rm fo	or pro	ocuri	ng a	DSC	from	TCS-0	CA is
Date						Si	gnat	ure o	f the	e Appli	icant	