

Type of Certificate: **Secure Email Certificate**

|                                     |   |   |
|-------------------------------------|---|---|
| Validity of Certificate (tick one): | <input type="checkbox"/> <b>1 year</b>  | <input type="checkbox"/> <b>2 years</b> |
| Class of Certificate (tick one):    | <input type="checkbox"/> <b>Class 2</b> | <input type="checkbox"/> <b>Class 3</b> |

RA Name: \_\_\_\_\_ Request No: \_\_\_\_\_

- 1) Please read the "Instructions Box" to fill this form.
- 2) Please fill the Application Form in block letters.
- 3) Items marked with \* are mandatory.

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**STAPLE ONLY  
(DO NOT GLUE)**  
recent passport  
size photograph of  
the Applicant.  
  
Applicant to sign on  
the reverse side of  
the photograph.

**1 APPLICANT DETAILS**

\*Surname: \_\_\_\_\_

\*Given Name: \_\_\_\_\_

Initials: \_\_\_\_\_ \*Gender:  Male  Female

\*Father's/Husband's Name: \_\_\_\_\_

\_\_\_\_\_

\*Mother's Name: \_\_\_\_\_

\_\_\_\_\_

\*Nationality: \_\_\_\_\_ \*Date of Birth: DD/MM/YYYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Foreign Nationals:**

Passport No: \_\_\_\_\_ Country: \_\_\_\_\_

Passport Expiry Date: \_\_\_\_\_

Visa No: \_\_\_\_\_

Visa Date of Issue: DD/MM/YYYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2 RESIDENTIAL ADDRESS**

\*House Identifier: \_\_\_\_\_  
\*Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\*City: \_\_\_\_\_ \*Post Code: \_\_\_\_\_  
Upazila/PS: \_\_\_\_\_  
\*District: \_\_\_\_\_  
State: \_\_\_\_\_ \*Country: \_\_\_\_\_  
\*E-Mail: \_\_\_\_\_  
Alternative Email: \_\_\_\_\_  
\*Mobile: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**3 ORGANIZATION DETAILS**

Government  Banking Sector

\*Organisation Name: \_\_\_\_\_  
Administrative Ministry/Department: \_\_\_\_\_  
\*Designation of Applicant: \_\_\_\_\_  
\*House Identifier: \_\_\_\_\_  
\*Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\*City: \_\_\_\_\_ \*Post Code: \_\_\_\_\_  
Upazila/PS: \_\_\_\_\_  
\*District: \_\_\_\_\_  
State: \_\_\_\_\_ \*Country: \_\_\_\_\_  
\*E-Mail: \_\_\_\_\_  
Website: www. \_\_\_\_\_  
\*Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

## 4 APPLICANT DETAILS

### TYPES OF ACCEPTABLE ID

**Primary ID:**

- National ID
- Passport
- Employee ID
- Driving License

**Secondary ID:**

- Birth Registration Certificate
- TIN Certificate

### TYPES OF ATTESTING AUTHORITY / OFFICE

- Gazetted Officer
- Public University Teacher
- Private University VC/Registrar
- College Principal
- City Mayor
- Municipality Chairman
- Nationalized Commercial Bank Manager

- Application Form with all supporting documents must be submitted to the **Registration Authority's office.**
- Please provide appropriate identification details of the selected document.
- All documents and subscriber proof of identity / residence must be **attested** by an Attesting Authority before submitting.
- **For proof of identity and residence, two Primary IDs are required. If the Subscriber does not have two Primary IDs, one Primary ID and one Secondary ID must be provided.**

If the residence address provided on page 1 of this Form matches with the address in the Primary ID proof, complete **Box A** only.

If the residence address submitted on page 1 of this Form does not match with the address in the Primary ID proof, complete **Boxes B** and **C** only. In addition, an affidavit or a suitable declaration as evidence (to the satisfaction of the Registration Authority [RA]) must be submitted.

**BOX A Identity and residence proof (Select two IDs, one must be a Primary ID)**

**PRIMARY ID**

- National ID: \_\_\_\_\_
- Passport No: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Driving License: \_\_\_\_\_

**SECONDARY ID**

- Birth Registration Certificate: \_\_\_\_\_
- TIN Certificate: \_\_\_\_\_

**BOX B Identity proof (Select two IDs, one must be a Primary ID)**

**PRIMARY ID**

- National ID: \_\_\_\_\_
- Passport No: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Driving License: \_\_\_\_\_

**SECONDARY ID**

- Birth Registration Certificate: \_\_\_\_\_
- TIN Certificate: \_\_\_\_\_

**BOX C Residence proof (Select one)**

- Utility bill:**     WASA     Electricity     Gas
- Ward Commissioner's Certificate: \_\_\_\_\_
- Municipality Tax (bill no): \_\_\_\_\_

### INSTRUCTIONS BOX

- All subscribers are advised to read the Certificate Practice Statement of CA.
  - The Certificate shall be downloaded onto the same computer / hardware device (USB token, smart card etc.) by login from the same computer user account from where the request was initiated.
  - **The Certificate must not be shared with others or used by anyone else on your behalf.**
  - Certificate revocation is permanent and irreversible. If your Certificate is revoked, you will have to reapply for a fresh Certificate.
  - It is your responsibility to remember the passwords that are used while generating/exporting the certificates/keys.
- **If you lose your key pair, you shall inform the RA Administrator immediately and apply for the revocation of your Certificate.**
  - After placing an online request for a Certificate, the following activities shall not be carried out until the certificate is successfully downloaded:
    - Formatting of the computer
    - Deletion of computer user account used to logon when the request was initiated
    - Reinstallation or upgrade of the internet browser on the computer from which the certificate request was initiated.
  - Application form must be submitted in person or through proper authorization.
  - Incomplete/Inconsistent application is liable to be rejected.

### 5 APPLICANT DECLARATION

I, hereby confirm that, I have read and understood the above instructions and will follow the same for obtaining and using the Digital Certificate.

Date: DD/MM/YYYY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

### 6 REGISTRATION AUTHORITY (RA'S) DECLARATION

I, hereby confirm that, I have received and verified the documents submitted by the subscriber.

Date: DD/MM/YYYY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the RA Administrator

The certificate request form, demand draft and the supporting documents as per the document checklist have to be forwarded to the following address. (Mark the envelop as 'APPLICATION FOR DIGITAL CERTIFICATE'):

**Registration Authority (RA's) office**  
**Dohatec CA**  
DOHA House  
43 Purana Paltan Line  
Dhaka 1000, Bangladeshh

**8 DOCUMENTS CHECKLIST All photocopy documents should be attested**

The Applicants must submit the following relevant documents to the Registration Authority's office:

**GENERAL DOCUMENTS REQUIRED**

- One original and two photocopies of the completed Application Form
- Three copies of completed online Certificate Enrollment Form Request No.
- Three recent passport sized colour photographs depicting full face (not exceeding 6 months) of the Applicant (applicants to sign on the reverse side of the photograph)

**Method of Payment (tick one):**  Demand Draft  Pay Order

- One original copy of Authorization Letter and two photocopies

**PRIMARY ID PROOF (as applicable):**

- Three sets of National ID photocopy
- Three sets of Passport photocopy page 1-5 (information page for Machine Readable Passport)
- Three sets of Employee ID photocopy
- Three sets of Driving License photocopy

**SECONDARY ID PROOF (as applicable):**

- Three sets of Birth Registration Certificate photocopy.
- Three sets of TIN Certificate photocopy.

**PROOF OF RESIDENCE:**

- Three sets of latest utility bill (not exceeding 3 months) photocopy such as WASA, electricity, gas bill
- Three sets of Ward Commissioner's Certificate photocopy
- Three sets of Municipality Tax photocopy

**NOTE: The RA Administrator reserves the right to request for additional documents as deemed necessary**

**ANNEXURE A - AUTHORIZATION LETTER**

*(Please print out this form on letterhead and complete as shown.)*

I, \_\_\_\_\_

in the capacity of the \_\_\_\_\_

of \_\_\_\_\_

authorize \_\_\_\_\_

whose signature is attested below to carry out all the necessary formalities on behalf of

\_\_\_\_\_

for the application of a **Class-2 / Class-3, Digital Certificate** with the validity period of

\_\_\_\_\_ year(s).

\_\_\_\_\_  
Signature of the Authorizing Person

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Designation of the Authorizing Person

\_\_\_\_\_  
Designation of the Applicant