

**Application Form for grant of License of Digital Locker Service
Provider (to provide Digital Locker Portal)**

For Company/Partnership/Proprietorship

1. Registration Number

2. Date of Incorporation/Registration ____ / ____ / ____

3. Particulars of Applicant:

Name:

Registered Office:

Flat/Door/Block No.:

Name of Premises/Building/Village:

Road/Street/Lane/Post Office:

Area/Locality/Taluka/Sub-Division:

Town/City/District

_____ PIN _____

State/Union Territory

Telephone No.

Fax

Web page URL address, if any

No. of Branches:

Nature of Business

4. Income Tax PAN No.

5. Turnover in the last financial year

6. Net Worth

(Attach documentary proof)

7. Capital:

a. Paid up Capital (for Company)

b. Capital subscribed by partners (for Partnership Firm)

c. Capital in business or profession (for Proprietorship Firm)

(Attach documentary proof)

8. Insurance Details:

Insurance Policy No.

Insurer Company

9. Names, Addresses etc. of Partners/Directors/Proprietor (For Information about more Persons, please add separate sheet(s) in the format given)

No. of Partners/Directors _____

Details of Partners/Directors/Proprietor

- A. Full Name _____
Last Name/Surname _____
First Name _____
Middle Name _____
- B. Address _____
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 No. _____
Mobile Phone No. _____
- C. Nationality
In case of foreign national, Visa details _____
- D. Passport Details #
Passport No. _____
Passport issuing authority _____
Passport expiry date _____
- E. Voter's Identity Card No. # _____
- F. Income Tax Pan No. # _____
- G. Email Address _____
- H. Personal Web Page URL, if any _____

10. Authorized Representative

Name _____
Designation _____
Flat/Door/Block No. _____
Name of Premises/Building/Village _____
Road/Street/Lane/Post Office _____
Area/Locality/Taluka/Sub-Division _____
Town/City/District _____ Pin _____
State/Union Territory _____

Telephone No. _____

Fax No. _____

11. Bank Details

Bank Name

Branch

Bank Account No.

Type of Bank Account

12. Whether bank draft/pay order for license fee enclosed: Y/N If Yes,

Name of Bank

Draft/pay order No.

Date of issue

Amount

13. Whether Digital Locker Practice Statement is enclosed : Y / N

14. Whether undertaking for Bank Guarantee/Performance Bond attached : Y / N

15. Whether certified copies of business registration documents are enclosed: Y / N

If yes, the documents attached:

(i) _____

(ii) _____

(iii) _____

16. Any other information

Date

Signature of the Applicant

For Agency of the appropriate Government as notified by the Government

In accordance with the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016, a Digital Locker Service Provider (providing Digital Locker Portal) means an intermediary which could include an agency of the appropriate Government, as may be notified by the Government.

1. Particulars of Organization:

Name of Organization

Administrative Ministry/Department

Under State/Central Government

Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

_____PIN_____

State/Union Territory

Telephone No.

Fax

Web page URL address

Name of Head of Organization

Designation

Email Address

2. Bank Details

Bank Name

Branch

Bank Account No.

Type of Bank Account

3. Whether bank draft/pay order for license fee enclosed: Y/N If Yes,

Name of Bank

Draft/pay order No.

Date of issue

Amount

4. Whether Digital Locker Practice Statement is enclosed : Y / N

5. Any other information

Date

Signature of the Applicant