

Sify | Safescrypt LRAA Application form

Submitted by

Sify Technologies Limited

Version 1.0, 15th May, 2012



Document Information

Document Details

Document Title	Sify LRAA Application form
Document Reference	SIFY/Safescrypt/LRAA/May 2012
Date	15-MAY-2012

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SIEVI DAA SIGN IIP_ FACT SHEFT

Retail		Enterprise			ME/SOHO/ ΓHERS		
Name of Organ	nization :						
Address – 1:			Addres	Address-2 : (If any)			
Phone:		Fax:		email:			
Tick whichever ap	nlicable						
Pvt Ltd:		ic Ltd :	Partne	rship:	Other's:		
Name of Key Person's (Own Director)	s (Owner/		mail id	ail id		Contact Phone/Mobile	
Mandatory Fields							
Company regist VAT / Sales Ta							
Year of Incorp		ax number :					
				1	T		
				Office space (Sq.Ft)	Manpower (Qty)	Computer Systems (Units)	
Head Office							
Branch Office- Branch Office-							
DIAIICH OIHCE	·2 (11 applicat	ne)					
Whether famil	iar/associated	with DSC busi	ness – Yes	/ No			
If you with wh	ich CA (Conti	fying Authority	,)				
11 yes, with wh	ich CA (Certi	fying Authority	') -				



(Few words describing about your company strengths / achievements / business goals)					
Name of the LRAA operator (Need to obtain class 3 certificate from Sify)					
Sify LRA Recommendation (Recommendation for appointment with justification)					
(Recommendation for appointment	ent with justification j				
Authorized Signatory of LRA (Director/Owner) Signature & company seal Sify Channel Manager Recommendation					
(Recommendation for appointm					
Date of Visit & location:					
I have understood all the terms and conditions of process and compliance of Sify Technologies Ltd (Safescrypt CA) and will abide to them.					
Name:	Signature & Company seal:				
(LRAA's Authorized Signatory) Date: / /2012					
Note: Kindly attach company prof		Passport size photo			