

**CHECKLIST FOR CLASS 2 INDIVIDUAL NON-EKYC DIGITAL CERTIFICATE  
VALIDATION**

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**SUBSCRIBER FORM:**

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|---|--------------------------|
| 1. First Name :                                   | <input type="checkbox"/> |
| 2. Last Name :                                    | <input type="checkbox"/> |
| 3. Email Address :                                | <input type="checkbox"/> |
| 4. City :   | <input type="checkbox"/> |
| 5. State :  | <input type="checkbox"/> |
| 6. Country :                                      | <input type="checkbox"/> |
| 7. Passport size photograph of the Subscriber :   | <input type="checkbox"/> |
| 8. Photo ID:                                      |                          |
| i)Check the photo of the Subscriber:              | <input type="checkbox"/> |
| ii)Check Identifying Numbers                      | <input type="checkbox"/> |
| iii)Check Expiry date (As applicable)             | <input type="checkbox"/> |
| 9. Address Proof :                                | <input type="checkbox"/> |
| i)Check Subscriber                                | <input type="checkbox"/> |
| ii)Check Expiry date                              | <input type="checkbox"/> |
| 11. Signature of the Subscriber :                 | <input type="checkbox"/> |
| 12. Date on the Document:                         | <input type="checkbox"/> |
| 13. Date of Attestation by Bank/Gazatted Officer: | <input type="checkbox"/> |
| 14. Attester Name :                               | <input type="checkbox"/> |
| 15. Attester Designation :                        | <input type="checkbox"/> |
| 16. Attester Signature :                          | <input type="checkbox"/> |
| 17. Seal /Stamp confirmed :                       | <input type="checkbox"/> |
| 18. Date of Attestation                           | <input type="checkbox"/> |
| 19. Contact number of the Attested Officer        | <input type="checkbox"/> |