

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

**For Company/Partnership/Proprietorship**

1. Registration Number

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2. Date of Incorporation/Registration \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Particulars of Applicant:

Name:

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Registered Office:

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Flat/Door/Block No.:

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Name of Premises/Building/Village:

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Road/Street/Lane/Post Office:

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Area/Locality/Taluka/Sub-Division:

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Town/City/District

PIN

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State/Union Territory

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Telephone No.

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Fax

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Web page URL address, if any

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No. of Branches:

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Nature of Business

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4. Income Tax PAN No.

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5. Turnover in the last financial year

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6. Net Worth

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(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)

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(Attach documentary proof)

8. Insurance Details:

Insurance Policy No.

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Insurer Company

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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

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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

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Administrative Ministry/Department

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Under State/Central Government

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Flat/Door/Block No.

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Name of Premises/Building/Village

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Road/Street/Lane/Post Office

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Area/Locality/Taluka/Sub-Division

---

Town/City/District

\_\_\_\_\_PIN\_\_\_\_\_

State/Union Territory

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Telephone No.

---

Fax

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Web page URL address

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Name of Head of Organization

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Designation

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Email Address

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2. Bank Details

Bank Name

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Branch

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Bank Account No.

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Type of Bank Account

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

Name of Bank

---

Draft/pay order No.

---

Date of issue

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Amount

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

5. Any other information

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Date

Signature of the Applicant