



Registration Form for (n)eXIM Digital Certificate

Customer Identification Number: \_\_\_\_\_
(For Office Use Only)

Affix recent passport size photograph of the Applicant
(sign across photo)

Instructions:

- 1. The Form is divided into 2 parts; Form A and Form B.
2. Form A contains details of certificate applicant. Form B contains organizational details.
3. Please fill the form in BLOCK LETTERS in English only
4. This form is for procuring (n)eXIM Digital Certificate for usage in DGFT [Directorate General for Foreign Trade]
5. (n)eXIM Certificate refers to Class-IIIb

FORM A

1. VALIDITY OF (n)eXIM

1 Yr. 2Yrs.

2. IEC Number :

Branch Code :
(As assigned to your company's branch for operating in the city)

3. NAME OF THE APPLICANT (As required in the DIGITAL CERTIFICATE)
(Ensure that the name as it appears in the Identity Proof matches with the name mentioned below)

4. Organization Name

Office Address
(As per Branch Code)

Town / City / District

State / Union Territory

Pin

Contact No.

(STD Code)

Phone No

Fax No

Mobile Phone No.

5. DATE OF BIRTH

DATE MONTH YEAR
DD MM YYYY

eg.

6. E-MAIL ADDRESS

7. IDENTITY DETAILS

(Please tick and fill ANY ONE)

No. Passport / Voter's ID / PAN / Driving Lic. / Ration Card No. / PF Ac.



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**FORM B**

**DETAILS TO BE FILLED UP FOR EXIM ORGANIZATION**

Corporate / Registered Office details (as registered with DGFT [Directorate General for Foreign Trade]):

Name  
(As appears in IEC Certificate)

Address

Town / City / District

State / Union Territory

Pin

Contact No.     
(STD Code) Phone No Fax No

Website

Income Tax PAN.

**Bank Details :**  
Bank Name

Bank A/c No

I hereby agree that I have read and understood the provisions of the (n)Code Solutions CA CPS and the Subscriber Agreement and promise to abide by the same.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**Signature Of Applicant**

[Name: \_\_\_\_\_ ]

Registration form for (n)eXIM along with verification documents can be sent to any one of the nearest LRA locations given on (n)Code Solutions CA website.

Cheque / D.D. to be Drawn in favour of “(n)Code Solutions, Division of GNFC Ltd.”

Cheque should be “Payable at Par”

Payment Details	LRA Details
D.D. Cheque No. : _____	Checked & Verified By
Date : _____ Amount: _____	
Bank Name : _____	
	LRA Name / Signature / Stamp



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**DOCUMENTS REQUIRED FOR VERIFICATION**

**Documents Required and Submitted by the Applicant (POR : Proof of rights documents)**

**Documents required for an Organization / Enterprise for (n)eXIM**

**Certified true copy (from Company Secretary / Director / Partner / Proprietor of the organization) of any one :**

- Certificate of Incorporation or
- Memorandum and Articles of Association or
- Registered Partnership Deed or
- Valid business license document

**Certified true copy of any one :**

- Annual Report or
- Income Tax Return or
- Statement of Income or
- Letter from the bank giving bank details of the organization

- Authorization Letter in favour of the certificate applicant from the applicant organization (as per the format attached herewith, on the Companies Letterhead Only)**
- Latest photograph of the applicant**

- IEC Certificate Photocopy**

**Note :**

- Applicants for (n)eXIM shall present themselves at the LRA location where the registration form of (n)eXIM was sent, for verification of physical presence.
- Please refer to the CPS for more information.



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**Signature Verification (Authorization) Letter**

*(This Authorization Letter is required on the Organization's letterhead)*

To,  
(n) Code Solutions,  
A Division of Gujarat Narmada Valley Fertilizers Company Limited.

This is to certify that:

Mr. / Ms. \_\_\_\_\_ *(Certificate applicant)*  
has provided correct information in the Application form for issue of (n)eXIM Digital Certificate to the best of my knowledge and belief and is working with \_\_\_\_\_  
(EXIM organization name). He / She is hereby authorized to obtain a (n)eXIM Digital Certificate to be used for DGFT (Directorate General for Foreign Trade) application and issued by (n)Code Solutions CA.

I also certify that the Certificate Applicant mentioned above is authorized to interact with DGFT for and on behalf of our organization through DGFT's web-application. Specifically, the Certificate Applicant is authorized to sign the various DGFT license applications.

I understand that, while holding a valid (n)eXIM Digital Certificate, if this certificate ever needs to be revoked, it is my organization responsibility to inform (n)Code Solutions regarding the same.

**Details of Authorized Signatory:**

Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Organization Name : \_\_\_\_\_  
Signature of Authorized Person : \_\_\_\_\_  
(with stamp of Organization / Office)  
Date : \_\_\_\_\_  
Place : \_\_\_\_\_