

REGISTER TO USE FOR PERSON WITH DISABILITY
PUBLIC REMOTE DIGITAL SIGNATURE AND CERTIFICATE AUTHORITY SERVICES
CA2 MOBILE SIGN

I. Personal Information

1. Personal Details

Applicant Name :				<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>Photograph</p> <p>Passport Size 2 x 3</p> </div> </div>	
	First Name	Middle Name	Surname		
Father's Name :					
Mother's Name :					
Date of Birth :			(DD/MM/YYYY)	Age :	
Mobile No :				E-mail ID :	
Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Other
Mark of Identification :					
Category :	<input type="checkbox"/> General		<input type="checkbox"/> OBC*		<input type="checkbox"/> SC*
					<input type="checkbox"/> ST*
	Signature / Thumb / Other Print (*Attached cast certificate for OBC/SC/ST only)				
Marital Status :	<input type="checkbox"/> Married*		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Widow
					<input type="checkbox"/> Divorced
					<input type="checkbox"/> Divorcee & Widower
*If you are married give Spouse Name :					
Name of Guardian/ Caretaker					
/Attendant / Related Person :					
Relation with Person	with Disability :				
	<input type="checkbox"/> Father				
	<input type="checkbox"/> Mother				
	<input type="checkbox"/> Wife				
	<input type="checkbox"/> Husband				
	<input type="checkbox"/> Uncle				
	<input type="checkbox"/> Aunty				

☐ Sister ☐ Other

Educational Details : ☐ Primary ☐ Middle/Higher Primary ☐ Senior Secondary ☐ Higher Secondary ☐ Diploma ☐ PG Diploma ☐ Doctorate ☐ Graduate ☐ Post Graduate

2. Address Details

Correspondence Address : _____ Pincode : _____

State/UTs : _____ District : _____

City/Sub District/Tehsil : _____ Village/Block : _____

Document for Address Proof : ☐ Driving Licence ☐ Ration Card ☐ Voter ID ☐ Other (Domicile Certif)

Permanent Address: _____

Pincode : _____

State/UTs : _____ District : _____

City/Sub District/Tehsil : _____ Village/Block : _____

3. Disability Details

Have disability Certificate : ☐ Yes* ☐ No (*If yes, please fill in the following details & attach disability certificate)

Sr./Reg. No. of Certificate : _____ Date of Issue : _____(DD/MM/YYYY)

(For example: 30%, 40%, 50%, 60%)

_____ Disability Percentage (%) :

Details of Issuing Authority : ☒ Chief Medical Office ☐ Medical Authority

Disability Type : ☐ Blindness ☐ Muscular Dystrophy ☐ Hearing Impairment ☐ Hemophilia ☐ Low Vision ☐ Parkinson's Disease ☐ Intellectual Disability ☐ Thalassemia

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- ☐ Sickle Cell Disease
- ☐ Acid Attack Victim
- ☐ Locomotor Disability
- ☐ Dwarfism
- ☐ Mental Illness
- ☐ Multiple Sclerosis

- ☐ Specific Learning Disability and Speech and Language
- ☐ Autism Spectrum
- ☐ Chronic Neurological

Disabilities	Disability	Disorder	Conditions
<input type="checkbox"/> Multiple Disabilities including Deaf Blindness			
<input type="checkbox"/> Yes*		<input type="checkbox"/> No	Disability Since : (Year)

Pension Card Number : _____

Disability Scheme : _____

Hospital Treating Disability :

☐ Chest

☐ Ears

☐ Head

☐ Left Eye

☐ Left Hand

☐ Left Leg

☐ Mouth

Disability Area :

☐ Shoulder Throat

☐ Right Eye

☐ Right Hand

☐ Right Leg

☐ Stomach

Disability Due to :

☐ Accident

☐ Congenital

☐ Hereditary

4. Employment Details

Employed :

☐ Yes

☐ No*

Unemployed Since: _____

Occupation : ☐ Govt. Job ☐ Professional/Technical ☐ Agriculture ☐ Service & Shops
☐ Clerks ☐ Craft/Trade Workers ☐ Daily Wages Worker ☐ Plant/Factory

☐ Other Occupation _____

BPL/APL ☐ N/A ☐ APL ☐ BPL ☐ Antodya

II. Register to use product and service packages “Public Remote Digital Signature and Certificate Authority Services CA2 Mobile Sign”:

Register	Product	Used Time	Unit price (VND)		VAT (VND)	Total (VND)
			Digital certificate	HSM fee (*)		
<input type="checkbox"/>	CA2 Mobile Sign digital certificate - Digital certificate for individual	1 year	450,000	(Free of charge)	45,000	495,000
<input type="checkbox"/>		2 years	850,000	(Free of charge)	85,000	935,000
<input type="checkbox"/>		3 years	1,050,000	(Free of charge)	105,000	1,155,000
<input type="checkbox"/>		3 years ++	250,000	(Free of charge)	25,000	275,000

(*) Standard HSM EN 419.211 – 5:2018 according to SCAL2 standard authentication mechanism contains the highest non-repudiation in eIDAS

Registration package period:

III. Payment methods:

☐ Cash ☐ Transfer

Total:

Text:

The organization pays the contract value in cash or by bank transfer to:

NACENCOMM SMART CARD TECHNOLOGY JOINT STOCK COMPANY

Account Code: 103.216.566.22015 - Bank: Techcombank - Thang Long Branch - Kim Lien Transaction Office – Hanoi

Money transfer content: “Company name” – “tax code” – CA2 Mobile Sign digital certificate service

IV. Documents enclose:

- 01 copy of CA2 service supply and use contract signed and stamped by the customer
- 01 copy of the customer's identity card or citizen identity card or passport

*** Note:** Customers choose to submit documents (Type 2, Section IV) in the following forms: Certified copy or Copy presented with the original for comparison. Business or Appraisal is responsible for comparing the originals and certifying (digitally or hand-signing) the documents.

V. Publication of CA2 Mobile Sign digital certificate

Confirmed from CA2 Mobile app: Subscribers confirm by APP and send to CA offline for offline CA to publish digital certificates

☐ **We confirm that we have studied and guided the regulations and policies published by CA2 on the website: www.cavn.vn**

Date:

Subscribers

(Sign, full name)