Fax to: EFS BD at 6778 5277.

Electronic Filing System (EFS) Certification Application

COMPANY INFORMATION	
Law Firm Name:	Phone No:
Law Firm Address:	Fax No:
Name of Applicant:	Email:
Authorised Signature/Date :	Designation:

(A) FRONT-END SOFTWARE DETAILS
Installation Date:
Domain Mailbox ID :
EFS-Front End Software License No.

(B) TRAINING	
Name of Trainees	Date of EFS FE-Web Training
1)	
2)	
3)	
4)	
5)	

(C) DIGITAL CERTIFICATION
Name of the Certifying Authority:
Name of the Owner of the Digital Certificate:

Please attach a copy of both sides of the Digital Certificate (Smart Card)

FOR OFFICIAL USE		
Completed By: Date:	Verified By: Date:	Approved By: Date:
EFS Ready Certificate No:		

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