

ION EXCHANGE (INDIA) LIMITED

STANDARD OPERATING PROCEDURE (SOP) FOR THE ISSUANCE AND USE OF DIGITAL SIGNATURES CERTIFICATE OR TOKEN (DSC) FOR THE OFFICIALS OF THE COMPANY

1. Purpose

This SOP aims to establish guidelines and safeguards for the use of digital signatures in the instances where physical signature is not possible and to ensure compliance with legal, regulatory and ethical standards in a company.

2. Scope

This SOP applies to all employees, officers, contractors, and third parties authorized to use digital signatures on behalf of the company.

3. Definitions

Digital Signature is defined under Information Technology Act 2000.

Authorized Person: An individual permitted to use a digital signature as per this SOP.

Identified Vendor: eChartered Systems Pvt Ltd or e-Mudhra or Maruti Impex/Digi Solution

4. SOP Guidelines

4.1 Authorization and Ownership

Every digital signature issued on behalf of the Company shall only be used for official use of the Company.

4.2 Restrictions on Use

The digital signature must be affixed in the presence of the individual in whose name the Digital Signature Certificate (DSC) or token is registered. Unauthorized use, sharing, or access to any individual's digital signature is strictly prohibited.

Digital signatures must not be used for purposes outside the scope of the company's activities or for personal benefit.

4.3 Consent Documentation and Approval Process for Procurement of Digital Signature Certificate (DSC)

No individual shall be permitted to procure a Digital Signature Certificate (DSC) for company related purposes unless prior written request is made as per the enclosed format (Annexure -1) and the approval is obtained from the respective Head of Department and counter signed by the Corporate Secretarial Team. Further the Accounts Department shall only process and disburse payment to the respective vendor for the procurement of the DSC upon receipt of aforementioned approvals.

A clear, written record of request and approval must be maintained, specifying the purpose, duration, and scope of use of the digital signature.

Any revocation of authorization must be documented and communicated immediately to the relevant HOD.

DSC must be procured only from any one of the identified vendor who is suitable and competitive.

Upon cessation of employment with the Company, the applicant shall return the Digital Signature Certificate (DSC) or token to the Head of Department (HOD). The HOD shall promptly notify the Corporate Secretarial Team to ensure proper documentation.

4.4 Security Measures

Digital signatures must be stored securely in the safe custody of the applicant/ registered owner to prevent unauthorized access, loss, or misuse.

4.5 Accountability

The Head of Department granting authorization and the applicant/ registered owner are jointly responsible for ensuring that its use complies with this SOP and applicable laws.

4.6 Prohibited Activities

Forging or falsifying digital signatures.

Using a digital signature without proper authorization.

Misusing a digital signature to commit fraud, misrepresent facts, or engage in unethical activities.

5. Compliance and Reporting

Any violation of this SOP must be reported immediately to the Head of the Department or relevant authority.

Disciplinary actions, including legal proceedings, may be initiated for breaches of this SOP.

This SOP ensures responsible and secure use of digital signatures, maintaining the integrity and reputation of the company.

DIGITAL SIGNATURE REQUISITION FORM**SECTION A: REQUESTOR DETAILS**

1. **Name of Requestor:** _____
2. **Designation:** _____
3. **Department:** _____
4. **Employee ID:** _____
5. **Contact Number:** _____
6. **Email Address:** _____

SECTION B: REQUISITION DETAILS

1. **Type of Digital Signature Required:**
2. **Purpose of the Digital Signature:** (e.g., filing tax returns, e-tendering, document signing, etc.)
3. **Validity Period:**
4. **Vendor name:**

SECTION C: APPROVAL DETAILS

	Head of Department	Corporate Secretarial Team
Name		
Department		
Designation		
Signature		
Date		

SECTION D: PAYMENT INFORMATION

1. **Estimated Cost:** _____
2. **Payment Method:** _____

Instructions for Requestor:

1. Complete all sections of this form accurately.
2. Attach copies of all required documents.
3. Submit the form to the designated authority for approval.

Signature of Requestor: _____ **Date:** _____