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| 1 | Brief description of the exact requirement below. Please attach extra sheets if required. | |
| 2 | Online PDF Signing (Server Based) or Desktop Version? | |
| Q. 3 to 11 to be filled up only for Online PDF Signer (Server based). | | |
| 3 | If Online, want to integrate in the web application or separately. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | What is the application platform in which you need to integrate Online PDF Signer? (e.g. J2EE /.NET/Other, along with exact version) | |
| 5 | If Online, which web server the application runs on? (With exact version) | |
| 6 | Whether the application is hosted in-house or at an ISP location? | <input type="checkbox"/> In-House <input type="checkbox"/> ISP Location |
| 7 | Is application is being developed/maintained by in-house team or has it been outsourced? | <input type="checkbox"/> In-House <input type="checkbox"/> Outsourced |
| 8 | If outsourced, name of the company to whom the development/maintenance has been outsourced. | |
| 9 | Is the application single instant or multi-instant? | <input type="checkbox"/> Single Instant <input type="checkbox"/> Multi-Instant |
| 10 | Do you have SSL Support for the application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | What is the total number of users expected to use web application with Online PDF support? | |
| Q. 12 to 14 to be filled up only for Desktop PDF Signer. | | |
| 12 | What is the local computer's Operating System? | |
| 13 | Is your local computer connected via LAN in office? | |
| 14 | Any other information which you would like to provide. Please attach extra sheets if required. | |
| Information of the person who filled up this questionnaire. | | |
| Name | | |
| Designation & Company | | |
| Date | | |
| Email | | |
| Landline | | |
| Mobile | | |
| Fax | | |