



Specimen Signature Form

To,
The Head - Group Operations
SBI Life Insurance Company Ltd.
Central Processing Centre,
1st floor, Kapas Bhavan, Plot No 3AA,
Sector Noo 10, CBD Belapur,
Navi Mumbai-400 614

Sub:- Updation of Specimen Signatures of Authorized Signatories.

Master Policy Number: _____ Trust / Company Name: _____

Please find below the updated signature of the Authorized Signatories of the above mentioned Trust / Company.. We request you register the same in your books oof records. Thee copy of thee resolution is attached for your reference.

Signature Specimen of Authorised Signatory / Trustees:

Name and Sign of the Signatory	Designation	Email Id	Signature

Attested by Trustee / Company Secretary:

Signature : _____

Date : _____

Place : _____ (Trust /Company Seal and Address))

Witnessed by:

Signature : _____ Name && Address: _____

Date : _____ Place : _____