

Specimen Signature Form

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

Sub:- Updation of Speciman Signatures of Authorised Signatories.

Master Policy Number: _____ Trust / Company Name: _____

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

Signature Specimen of Authorised Signatory / Trustees:

Name 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 : _____