

Authorised Signatory, Electronic Fund Transfer, Email ID and Contact Details Update

To,
The Head Group Operations
SBI Life Insurance Company Limited
8th Floor, Seawoods Grand Central, Tower 2,
Plot No. R-1, Sector- 40, Seawoods, Nerul Node,
Navi Mumbai, Maharashtra - 400 706.

Ref: Master Policy No. _____

Sub: Updation of Authorised Signatory, Electronic Fund Transfer, Email ID and Contact Details

We the Trustees / Authorised signatory of _____
(Trust name/ Master Policy Holder) hereby advice you that the EFT details, Email Id and Contact Number of the Trustee/Contact Person are as mentioned below. Kindly update the same in your record for future reference.

Please find below details.

Master Policy Number			
Name of the Trust/Company			
Name of Trustee/Contact Person		Trustee	Contact Person
	Signature	Contact Number	Email ID
Name : _____ Designation: _____	_____	_____	_____
Name : _____ Designation: _____	_____	_____	_____
Name : _____ Designation : _____	_____	_____	_____
Name: _____ Designation : _____	_____	_____	_____
Name : _____ Designation: _____	_____	_____	_____

Account Holder's Name			
Bank Name			
Branch Name			
Account No. and Type	A/C No. _____		
Type of Account	<input type="checkbox"/>	Savings	<input type="checkbox"/> Current
IFS Code			

We have enclosed the following document as proof for the above details. (Please tick appropriate item).

☐ Cancelled cheque / attested photo copy of the cheque leaf. (With pre-printed name on the cheque).

☐ Attested copy of bank pass book/ bank account statement bearing pre-printed bank account no., account holder name & IFS Code along with a copy of the recent transactions (not more than 1 month old).

"I/We hereby declare that the details provided by me/us herein above are true and correct and I/We hereby authorise SBI Life to send all communication to the above stated Email ID & Contact Number, and to make all transaction to above mentioned bank account, at our solerisk."

Trustees/Master Policy Holder Signature:

Witnessed by

Signature (1) : _____

Signature : _____

Name : _____

Name : _____

Signature (2) : _____

Date : _____

Name : _____

Place : _____

Date : _____

Place : _____

(Trust /Master Policy Holder/Company Seal and Address)