

SIGNATURE VERIFICATION FORM WITH BANKER ATTESTATION

Name : _____

Folio No(s) : _____ Mobile No: _____

PAN Number (as per bank records): _____

Address: _____

This is to certify that the above person is holding the following account in our bank and branch (should match with bank details in the folio)

Bank Account Details:

Bank Name																	
Bank A/c No.																	
Bank A/c Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Other	(Please Specify)										
IFSC (11 Digit)											MICR (9 Digit)						
Bank Branch & City																	

Signature of the above mentioned A/c holder as per Bank's records.

1 st Applicant / Guardian / Authorised Signatory/ (Nominee/ Legal Heir incase of Transmission)	2 nd Applicant	3 rd Applicant

Attestation of signature by the bank:

Above signature of Mr./ Ms. _____ is attested:

Name of the Bank Manager / Authorized Official		Signature of the Bank Manager / Authorized Official with Seal of the bank
Designation		
Employee Code		
Bank Branch Name		
Phone Number		
Date		

Additional Document(s):

1. Enclose self-attested PAN copy with KYC Registered/Validated status duly attested by SBI Mutual Fund. (Mandatory).
2. If PAN is not registered in the folio, additionally enclose copy of any of the following self-attested officially valid documents (OVDs) duly attested by SBIMF where, address is matching as per the folio.

Aadhar card (First 8 digits to be masked)
 Passport
 Voter ID
 Driving License
3. For updation/change in bank mandate and Signature updation, please visit the nearest SBI Mutual Fund branch for In-person Verification (IPV). Alternatively, the IPV can be done through the Mutual Fund Distributor(MFD) registered in your folio. Note that the above documents (point no.1&2) need to be produced in original for IPV with this form.

IPV done by SBIMF **OR**
 IPV done by Mutual Fund Distributor (MFD)

In-person Verification of Mr./ Ms. _____ is carried out by

Name of SBIMF Employee/MFD		Signature of the AMC Official/ MFD with Seal
Employee/ ARN Code	Sub-broker Code:	
EUIN		
Designation		
Location	Date:	