

**ADMINISTRATOR OF SPECIFIED UNDERTAKING UNIT TRUST OF INDIA
SIGNATURE VERIFICATION FORM**

SCHEME : _____

Unit Certificate no./ID No. : _____

Applicant's Name : _____

Address : _____

Specimen Signature/Thumb Impression : _____

Holder of SB/CA No. : _____

Name and Address of the Bank : _____

I hereby certify that the above is the specimen signature of Shri/Smt/Kum.

_____ as per our records.

Name of the attesting person: _____

Emp. Code no. : _____

Designation : _____

Date : _____

Signature and stamp
Of the Attesting Authority
With their complete address

Signature /Thumb impression is to be attested by the bank manager/authorized bank officer under his official seal and emp. code no.