

## POLICY LOAN FORM

### INSTRUCTIONS

1. Please fill this form in BLOCK LETTERS using black or blue ink.
2. The Assignor stands for policy owner and the Assignee stands for "Kotak Mahindra Life Insurance Company Ltd"
3. This loan can be availed after the policy acquires surrender value. Applicable interest rate is **9.18891%** p.a.compounded half yearly.
4. A third party, who must be a major, other than the Assignor and the Assignee, must witness the signatures or thumb impression
5. This form shall not be effectual against the company unless it is duly completed and delivered to Kotak Life Insurance
6. The policy Loan form must be sent to "Kotak Life Insurance", The Policy Servicing Department, 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai - 400 097. India.
7. Loan can be availed only in Inforce, Premium Paying, Fully Paid and Single Premium status
8. The minimum eligibility of loan value is Rs. 10,000
9. Vesting clause shall be complied with before applying for loan

**Note:** In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an Insurance FATCA Declaration, separately. I/We confirm that I/we shall report any future changes in my/our tax status to Kotak Life Insurance within 30 days of such change. I/We also confirm that until I/we provide a written intimation about any such changes, Kotak Life Insurance may presume that there is no change in my/our tax residency status and consider my/our earlier submitted declarations, if any, as valid. I understand that for any queries about my/our tax residency, I/we have to consult my/our own tax consultant.

### GENERAL INFORMATION

Name of the policyholder (as stated in the policy document)			
Name of the Plan:			
Policy No.:		Premium(p.a.) Rs.	
Sum Assured (Rs.)			
Date of Issue of the policy:			

### PARTICULARS OF LOAN (Please tick any one of below)

<input type="checkbox"/> Maximum Loan amount available	<input type="checkbox"/> Amount of Loan required (Please specify) _____
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### DIRECT CREDIT DETAILS (Loan will be issued through Direct Credit)

Name of the Bank:			
Bank A/c No.:		IFSC code:	
Name of the policy holder in the Bank A/c:			

\* Cancelled cheque required for Direct Credit

### PARTICULARS OF THE ASSIGNOR

Title(Mr./Ms./Mrs.)	Surname	First name	Middle name

### Correspondance Address :-

	City/Village	
State		Pin Code

### Telephone Numbers ( With STD Codes )

Residence		Office	
Mobile		E mail	

Do your bit for a greener world by switching to e-communication. Kindly tick if you would like to receive your communication through electronic mode for all your policies.

I, \_\_\_\_\_, as the beneficial owner of the above named policy do hereby absolutely and irrevocably transfer and assign the rights and the benefits of the said policy to "Kotak Life Insurance" and hereby given a notice of the same.

Signature of the Assignor:  
(In case of company, please affix company stamp counter signed by authorized signatory)

**Consideration details:**

Assignment for a valuable consideration of Rs \_\_\_\_\_ (Consideration amount is mandatory)

Purpose of the Loan- \_\_\_\_\_

**PARTICULARS OF THE ASSIGNEE**

Name of the company

**KOTAK MAHINDRA LIFE INSURANCE COMPANY LTD.**

**Address :-** Policy Servicing Department, 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai, India.

**State :** Maharashtra

**Pincode :** 400097

**Phone Number (Toll Free):**1800 209 8800

**Fax Number :**022-6725 6166

**E mail :** kli.in/WECARE

Signature of the Assignee:  
(Please affix company stamp counter signed by authorized signatory)

Dated this \_\_\_\_\_ - day of \_\_\_\_\_,20 \_\_\_\_\_.

**PARTICULARS OF THE WITNESS**

Title(Mr./Ms./Mrs.)

Surname

First name

Middle name

**Address :-**

										City/Village									
State										Pin Code									

**Telephone Numbers ( With STD Codes )**

Residence									
Mobile									

Office									
E mail									

Signature of the Witness:  
(In case of company, please affix company stamp counter signed by authorized signatory)

**Enclosed herewith is:**

1. Cancelled cheque

**DECLARATION BY THE PERSON FILLING THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages)**

I, \_\_\_\_\_ having known the policy holder for a period of \_\_\_\_\_ do declare that I have explained the nature of the questions contained in this form.

Place \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Address of Scribe	Flat /Building							
	Road /Sector							
	Area							
	Landmark							
	City							
	State							Pin

Signature of Scribe
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**Kotak Mahindra Life Insurance Company Ltd.**

IRDAI Regn no:107,CIN: U66030MH2000PLC128503,Regd. Office: 8th Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai- 400 051  
For any correspondence kindly contact us at: 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai - 400 097. India.  
(+9122) 6994 8000 {D} 6725 6166 {F} 1800 209 8800 (toll free) www.kotaklife.com | Write to : kli.in/WECARE/ WhatsApp: 9321003007

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**ACKNOWLEDGEMENT**

We acknowledge the receipt of your request for \_\_\_\_\_ for policy number \_\_\_\_\_

Branch Name and code \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Signature of branch official

Name of Operations Executive \_\_\_\_\_

**Kotak Mahindra Life Insurance Company Ltd.**

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