kotak life

Hum hain... hamesha

CERTIFICATE OF EXISTENCE

This is to certify that:

(Full Name of the Annuitant)

Kotak Life Insurance Annuity Policy No.:

Residing Address:
(Full Address of Annuitant)

Has signed the certificate in my presence on: Date: D D M M Y Y Y Y Date of Birth: D D M M Y Y Y Y

Telephone Numbers Residence Mobile

Alternate Telephone Number:

Photo Id details:

Signature of Annuitant:

Verifier details (please tick appropriate box):

- Post Master
- Bank Branch Manager
- Principal of school/college
- Gazetted Officer
- KLI Branch Manager
- Medical Practitioner (In case of NRI, PIO and Foreign Nationals)

Name and signature of verifier (Please affix appropriate stamp)
(Along with Registration No. if verifier is Medical Practitioner)

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ACKNOWLEDGEMENT

We acknowledge the receipt of your Certificate of Existence for Annuity Policy No:

Branch Name Date: D D M M Y Y Y Y

Name of Branch Co-ordinator Time:

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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