

CONTACT DETAILS UPDATION FORM

(The below mentioned details will be updated in our system)

PARTICULARS OF THE POLICY HOLDER

Policy No. _____ Client Id _____

Name of the Policyholder _____ **S U R N A M E F I R S T N A M E M I D D L E N A M E**

Contact Numbers (with STD codes) _____ Residence _____ Mobile _____

Office _____ Email: _____

Pin Code: _____

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.

DECLARATION

I understand that by submitting this form I am authorizing Kotak Mahindra Life Insurance Company Ltd. (the Company) to send all future communication relating to the said policy on the contact details mentioned hereinabove.

I further understand that the Company will be sharing all the information relating to the said policy on the contact details mentioned in this form and I have no objection to the same.

I hereby authorize the company to call and/or send any SMS in relation to any transactions or servicing pertaining to the said policy on the contact details mentioned in this form and I have no objection to the same.

Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit a Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?

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.

Date **D D M M Y Y Y Y** _____ Place _____ Signature of Policy Holder/Assignee _____

(Should be the same as that in the proposal form)

DECLARATION BY THE PERSON FILLING IN THE FORM (For forms filled in by a scribe or for forms signed in vernacular languages)

I, _____ (Full Name of Scribe) have explained to the Proposer, that the answers to the questions form basis of the contract of Insurance between the Company and the Proposer and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been any non-disclosure of material facts the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company.

Address of the Scribe: _____ Signature/right thumb impression of the policy holder _____

Date **D D M M Y Y Y Y** _____ Signature of the Scribe _____ Signature of the advisor/broker as witness _____

Place _____

FOR OFFICE USE

Date **D D M M Y Y Y Y** _____ Place _____ Signature of Branch Official _____

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

CC\PS\Form>Contact details Updation\007

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy no. _____.

Date **D D M M Y Y Y Y** _____

Branch Name _____ Signature of branch co-ordinator _____

Name of Branch Co-ordinator _____

Kotak Mahindra Life Insurance Company Ltd.

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