

CONSENT FOR DEACTIVATION OF AUTO DEBIT INSTRUCTION REQUEST

1. PARTICULARS OF THE PROPOSER

Title	Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	Telephone (With STD Code)	<input type="text"/>
E-MAIL ID	<input type="text"/>		

The contact details and E-mail ID mentioned above will be updated for all future communication at client level.

THINK GREEN: Consent for E-Communication

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.

2. POLICY DETAILS

Policy No.

3. CONSENT FOR DEACTIVATION

Reason for Deactivation

I would like to deactivate the auto debit instruction for my above mentioned policy no.

I agree that I shall be solely responsible for timely payment of all my renewal premiums due in future and will arrange to pay in a manner that the company allows for renewal premiums. In the event of any late payment I shall be liable for late payment charges and any other consequences that may be enforced by the company.

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.

Name of the Policy holder:

Date

Place

Mandatory

Signature of Policyholder
(As On policy application)

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

I _____, residing at _____ having known the proposer for a period of _____ declare that I have explained the nature of the questions contained in this form to the proposer. I have also explained that the answers to the questions form the basis for accepting this request.

Date

Signature of Scribe

5. FOR OFFICIAL USE ONLY

Branch Name Branch Code

Name of Branch Coordinator

Date

Signature of Branch Coordinator

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6. ACKNOWLEDGEMENT

We acknowledge the receipt of your request for DEACTIVATION OF AUTO DEBIT INSTRUCTION for policy number _____.

Branch Name & Code

Name of Operations Executive

Date

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.

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