

KOTAK SAMPOORN BIMA MICRO INSURANCE PLAN - PROPOSAL FORM

 APPLICATION NO.: **KSB**

FORM ID NO : 10103020

FOR OFFICE USE ONLY

 Proposal Number

 Proposal Receipt Date

 Branch Code

 Cross Reference No.

 Client ID (for new customers)
CATEGORY TO WHICH THE PROPOSER BELONGS: A. Rural Urban B. Unorganized Sector Economically Vulnerable / Backward Class Other Categories

INSTRUCTIONS FOR FILLING UP THE FORM

(1) Please answer all questions. (2) Please strike out parts which are not applicable and write 'N.A.' (3) Strokes of the pen, dots and dashes will not be accepted as replies. (4) This form is to be filled by the proposer himself/herself in BLOCK LETTERS in black or blue ink. In case he/she is unable to do so, he/she may dictate the answers to the questions in the proposal form to a scribe, other than the Company's Life Advisor/Corporate Agent/Broker/MI Agent / Relationship Officer. (5) The Life Insured / Proposer must sign any cancellation or alteration. (6) Insurance is a contract of utmost good faith, which requires the proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. (7) Please use additional sheet where space is not sufficient.

1. LIFE TO BE INSURED DETAILS (INCASE OF PROPOSER BEING DIFFERENT PLEASE FILL THE PROPOSER ADDENDUM):

 1.1 Name: (Mr./Ms./Dr.) SURNAME FIRST NAME MIDDLE NAME

 1.2 Client ID (if existing client of KLI) 1.3 Date of Birth 1.4 Gender Male Female 1.5 Marital Status

 1.6 Nationality 1.7 Maiden Name (only in case of Married Women)

 1.8 Occupation: 1.9 Contact No(s):

 1.10 Communication Address

 City State Pin

 1.11 Permanent Address (if different from the above)

 City State Pin

 1.12 Address / ID Proof: Voter's Id AADHAR Card Job Card issued by NREGA Driving License PAN Card Others (Please specify)

	LIFE TO BE INSURED	PROPOSER
a) Do you have any history of conviction under any criminal proceedings in India or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Are you a Politically Exposed Person (these are the people who hold prominent public Function viz. Heads/Ministers of Central or State Govt., Senior Politicians, Senior Govt Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials, and immediate family members of above persons)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Are you a close relative of Politically Exposed Person as defined above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

 If 'Yes' kindly give details (please attach additional sheet where space is not sufficient):
2. PLAN DETAILS

Policy Term (Yrs)	Premium Payment Option	Cover Amount/Sum Assured (Rs.)	Premium Amount (Rs.)
5	Single	5,000	200

3. PROPOSAL DEPOSIT PAID DETAILS

 3.1 Premiums paid by Cheque / DD (provide details below) Cash (pay at the nearest Kotak Life Insurance branch only)

 3.2 Cheque/DD No. 3.3 Dated 3.4 Drawn on (Name of Bank and Branch) 3.5 IFSC

4. BANK DETAILS FOR DIRECT CREDIT OF BENEFITS/REFUNDS

 4.1 Bank Name 4.2 Branch

 4.3 Account Number 4.4 Name of Account Holder

 4.5 MICR Code 4.6 IFSC 4.7 Cheque Copy Enclosed Yes No

Note: The client undertakes the responsibility to intimate KLI regarding change in bank details. The claims arising under this policy will be settled through the above mentioned Bank Account only.

5. NOMINEE DETAILS (If Life Insured & Proposer are same)

 5.1 Name: (Mr./Ms./Dr.) SURNAME FIRST NAME MIDDLE NAME

 5.2 Percentage of Share % 5.3 Date of Birth 5.4 Gender Male Female 5.5 Relationship to Life to be Insured

 5.6 Communication Address

 City State Pin



A JOINT VENTURE WITH OLD MUTUAL

Koi hai... hamesha

ACKNOWLEDGEMENT FOR FRESH PROPOSAL*
(Any cash payment should only be made at the cash counter of nearest Kotak Life Insurance branch)

APPLICATION NO.: **KSB**

Agent ID (Life Advisor/Corporate Agent/
Broker/Relationship Officer)

Date

Received from Mr./Ms. the proposal for Life Insurance with Kotak Mahindra Old Mutual Life

Insurance Limited along with ₹ by way of Cheque**/DD** no.

Dated Drawn Bank, Branch

Date: Place:

NAME

SIGNATURE

(Name and Signature of the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer)

* Please note that, this is not a money receipt and cannot be used for collection of renewal premium or any other purpose. This acknowledgement is merely an acknowledgement for receipt of fresh proposal. This acknowledgement does not in any way constitute acceptance or commencement of risk.

** All cheques/demand draft should be crossed and drawn in favour of "KOTAK LIFE INSURANCE" OR "KOTAK MAHINDRA OLD MUTUAL LIFE INSURANCE LIMITED".

See overleaf for details.

FOR YOUR REFERENCE

1. This is an acknowledgement by the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer of having received the Proposal Form. This is not a receipt issued by Kotak Mahindra Old Mutual Life Insurance Limited.
2. Kotak Mahindra Old Mutual Life Insurance Limited shall issue a proposal deposit receipt (PDR) on receiving the completed proposal form with the cash / cheque / demand draft at its branch office.
3. In case of non-receipt of your PDR or for any clarification, kindly contact nearest Branch of Kotak Life Insurance.
4. For further assistance, do write to us at clientservicedesk@kotak.com



clientservicedesk@kotak.com

<http://insurance.kotak.com>

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, Regd. Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.

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