

### Application Form for Minor Policy Alterations

**INSTRUCTIONS:** 1) Please fill the names in BLOCK letters & this form must be filled by the Policy Holder. If the policy is assigned, form must be signed by the assignee. 2) Change in all categories shall not be registered in the Company's records, unless this form is received at the Central Processing Centre, supported by all the necessary documents mentioned hereunder. 3) If any question in the form is left unanswered, the request would not be acted upon by Central Processing Centre 4) The alterations shall be effective on a written communication to you from the Company from the date mentioned in the letter. 5) This form must be sent to "The Policy Servicing Department, Kotak Mahindra Life Insurance Company Ltd., Kotak Tower, 7th Floor, Building No.21, Infinity Park, Off Western Express Highway, Goregaon Mulund link Road, Malad (E), Mumbai-400097.

**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.

#### PARTICULARS OF THE POLICY HOLDER (Contact details to be filled mandatory)

<input type="radio"/> Policy Holder	<input type="radio"/> Life Assured	<input type="radio"/> Nominee	<input type="radio"/> Appointee	<input type="radio"/> Assignee
Policy No. <input type="text"/>	Client ID <input type="text"/>	Office No. <input type="text"/>		
Policy Holders Name <input type="text"/>	Mobile <input type="text"/>			
Email: <input type="text"/>	Residence <input type="text"/>			

**Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode for all your policies.**

#### NAME CHANGE / CORRECTION

<input type="radio"/> Policy Holder	<input type="radio"/> Life Assured	<input type="radio"/> Nominee	<input type="radio"/> Appointee	<input type="radio"/> Assignee
<b>Current Name</b>				
Title(Mr./Ms./Mrs.) <input type="text"/>	First name <input type="text"/>	Middle name <input type="text"/>	Surname <input type="text"/>	
<b>New Name</b>				
Title(Mr./Ms./Mrs.) <input type="text"/>	First name <input type="text"/>	Middle name <input type="text"/>	Surname <input type="text"/>	

#### ADDRESS CHANGE / CORRECTION

<input type="radio"/> Policy Holder	<input type="radio"/> Life Assured	<input type="radio"/> Nominee	<input type="radio"/> Appointee	<input type="radio"/> Assignee
<b>OLD ADDRESS</b>		<b>NEW ADDRESS</b>		
Street <input type="text"/>	Area <input type="text"/>	Street <input type="text"/>	Area <input type="text"/>	
Landmark <input type="text"/>	City <input type="text"/>	Landmark <input type="text"/>	City <input type="text"/>	
State <input type="text"/>	Pincode <input type="text"/>	State <input type="text"/>	Pincode <input type="text"/>	
Country <input type="text"/>		Country <input type="text"/>		

#### PROOF REQUIRED (Please tick against the one submitted)

<input type="checkbox"/> Passport	<input type="checkbox"/> Aadhar	<input type="checkbox"/> Bank Statement (Updated up to previous month)	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Others	i) _____ ii) _____		iii) _____		

#### DECLARATION BY POLICYHOLDER / ASSIGNEE / PERSON FILLING IN THE FORM

I hereby declare that I understand and agree to all the conditions and information given above

Date           Place

Signature of policy holder / Assignee  
or Right thumb impression

#### DECLARATION BY THE PERSON FILLING IN THE FORM (For Form filled in by a SCRIBE or for form signed in vernacular language)

I \_\_\_\_\_, residing at \_\_\_\_\_ having known the proposer for a period of \_\_\_\_\_ do 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           Place

Signature of policy Scribe

#### FOR OFFICE USE ONLY

Date           Place

Stamp & Signature of Branch Official

CC\PS\Form Minor Alteration CL\004

#### ACKNOWLEDGEMENT

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

Branch Name and code

Name of Operations Executive

#### 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:Kotak Infinity, 7th Floor, Zone IV, Building No. 21, Infinity Park, Off Western Express Highway,  
Goregaon Mulund Link Rd., General A.K. Vaidya Marg, Malad (E), Mumbai – 400 097.  
(+9122) 6725 6166 {D}; 6742 5650 {F}; 1800 209 8800 (toll free) www.kotaklife.com • Write to : kli.in/WECARE/ WhatsApp: 9321003007

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Policy No.	<input type="text"/>	Client ID	<input type="text"/>	Office No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Holders Name	<input type="text"/>				Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>				Residence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode for all your policies.**

#### CHANGE IN DATE OF BIRTH

<input type="radio"/> Policy Holder		<input type="radio"/> Life Insured		<input type="radio"/> Nominee		<input type="radio"/> Appointee		Medicals attached (if any) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Old Date of Birth	<input type="text"/>	New Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that the change in the Date of Birth of Life Insured will require fresh underwriting and even Medical tests, if any. I also understand that this could lead to a consequent revision in the terms and conditions of the policy, including a change in the Sum Assured and / or premium amounts or even cancellation of the policy from inception.

#### DUPLICATE POLICY ISSUANCE

Reason for Duplicate Issuance  Lost  Mutilated

#### ACM CONSENT FOR OPTION TO BE AVAILED DURING ACM / ANM MODE

Option 1  **Option to continue the policy in ACM/ANM mode till completion of Full policy term**  
(On completion of the policy term, the balance in the fund will be paid out as maturity value)

Option 2  **Option to surrender the policy at the end of the revival period in ACM /ANM mode.**  
(The policy will be surrendered at the end of the revival period as per the terms and conditions of the Policy contract and the surrender value as on that date Will be paid out to the Policyholder.)

#### MODE CHANGE

Yearly  Half Yearly  Quarterly  Monthly

Note : ECS monthly mandate mandatory in monthly mode.  
In case ECS or Standing Instruction (SI) premium paying facility is active, please confirm if same is to be continued  Yes  No  
(If yes, please attach fresh ECS or SI form simultaneously)

#### PAN CARD

Form 60/61  PAN Card  Pan Number   |  |  |  |  |  |  |  |  |

#### PROOF REQUIRED (Please tick against the one submitted)

Passport  Aadhar  Bank Statement (Updated up to previous month)  Ration Card  Voter ID  Marriage Certificate

Others i) \_\_\_\_\_ ii) \_\_\_\_\_ iii) \_\_\_\_\_

#### DECLARATION BY POLICYHOLDER / ASSIGNEE / PERSON FILLING IN THE FORM

I hereby declare that I understand and agree to all the conditions and information given above

Date   |  |  |  |  |  |  |  |  |

Place   |  |  |  |  |  |  |  |  |

Signature of policy holder / Assignee or Right thumb impression

#### DECLARATION BY THE PERSON FILLING IN THE FORM (For Form filled in by a SCRIBE or for form signed in vernacular language)

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Date   |  |  |  |  |  |  |  |  |

Place   |  |  |  |  |  |  |  |  |

Signature of policy Scribe

#### FOR OFFICE USE ONLY

Date   |  |  |  |  |  |  |  |  |

Place   |  |  |  |  |  |  |  |  |

Stamp & Signature of Branch Official

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#### ACKNOWLEDGEMENT

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

Branch Name and code   |  |  |  |  |  |  |  |  |

Name of Operations Executive I   |  |  |  |  |  |  |  |  |

#### Kotak Mahindra Life Insurance Company Ltd.

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