kotak life

Hum hain... hamesha

# RE-ISSUE PAYMENT FORM

Policy No.: Date: D D M M Y Y Y Y

Name of the Policyholder

Title Surname First name Middle name

Address

City State Pin Code

Mobile No. Land line

Email ID

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

Dear Sir / Madam,

With reference to the above policy number please process (Tick the appropriate box)

- ☐ Stop payment on cheque not received/lost and issue fresh cheque
- ☐ Stop payment / Revalidation of 2/3rd payout Cheque : (Company name:_____)
- ☐ Revalidate the cheque issued by Kotak Life Insurance (Enclose Stale cheque)
- ☐ Cancellation of cheque issued by Kotak Life Insurance and issue fresh cheque with name correction as mentioned above (Enclose Cheque & ID proof)
- ☐ Direct Credit to my Bank Account (Attach a cancelled cheque from your cheque book for enabling direct credit)

Account Number Name as in Bank Account

Bank Name IFSC Code

Branch Name Bank Account Type (Saving/Current)

☐ Remit payment through Cheque (Cheque will be sent to communication address as per company records)

**Note:**

1. I understand that in the event the amount is not credited to my account for any reason, Kotak Life Insurance reserves the right to make the payment by cheque/DD.
2. I hereby declare that particulars given in the form are correct in all respects.
3. I understand that the company shall not be held responsible for any non receipt of payment on account of wrong/incomplete information given by me in this form.
4. I also declare that if I receive the previous cheque issued to me in the interim period, I will not encash the same and return it to Kotak Life Insurance.

Date: D D M M Y Y Y Y Signature of the Policyholder

Documents enclosed: ☐ Stale cheque ☐ Cancelled cheque ☐ ID Proof

## DECLARATION BY THE PERSON FILLING IN THE FORM (For form 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 these questions form the basis for accepting the request for Re-Issue Payment.

Signature of Scribe

Date: D D M M Y Y Y Y

## FOR BRANCH OFFICE USE ONLY

Mode of Receipt : _____

Request Call ID : _____

Name of BOE : _____

BRANCH STAMP



## ACKNOWLEDGEMENT

We acknowledge the receipt of Re-Issue Payment request for Policy No.: _____ Branch Name: _____

Name of Branch Co-ordinator : _____ Date : _____ Time : _____

**Kotak Mahindra Life Insurance Company Ltd., Regn. No.: 107,** 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 | Toll Free No. - 1800 209 8800

CC\PS\Re-issue Payment Form\005