

## Signature Update Request Form

Policy no.	
Name of Policy Owner	

## Declaration:

I hereby declare that the below signature would be used by me for the purpose of all future transactions and communications pertaining to above mentioned policy/policies.

Proposed Specimen Signature (to be referred for all future requests/communications)	
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Date:

Place:

**Note:**

1. The above signature would be updated in our records subject to document verifications submitted along with this request
2. Bank Signature Verification Certificate is mandatory in case you wish to change/update signature in our records

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For office use only: (To be filled in by the BOE only)

I hereby verify that I have witnessed Mr./ Mrs./ Ms \_\_\_\_\_  
(name of the person signing this format) sign in the above box on \_\_\_\_\_ (date) at \_\_\_\_\_ (place).

The policy owner had personally walked in to Kotak Life Insurance's branch and the signature specimen has been collected in my presence.

I further confirm that I have seen the original identity proof of the policy owner to establish his/ her identity and have attached the photocopy of the said identity proof and Bank Signature Verification Certificate (if applicable) along with the signature update form.

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Scribe Declaration: (Applicable only if signed in vernacular or thumb impression):

I declare to have explained the contents of this form to the policy owner. I have also explained that the specimen signatures provided above form the basis for accepting his/her servicing request.

BOE Name and Employee Code	
Branch Code	
Signature of BOE	

**Kotak Mahindra Life Insurance Company Ltd.**

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