CC\PS\SI-KMBL Form\001



To, Kotak Mahindra Bank Ltd.

Date:

Standing Instructions for Kotak Life Insurance Policy

Standing flistruct	tions for Notak Life insura	ance Foncy
I/We,	./	hereby authorise Kotak Mahindra Bank Ltd.,
to debit my/our Kotak Mahindra Bank Savings/Curren		
(hereinafter referred to as "account"), towards the proposal of Insurance Ltd. under the Proposal Application/Policy Contact		able by me/us to Kotak Mahindra. Old Mutual Life
Details of the Insurance Proposal/Policy Contract:		
Name of the Proposer/Policyholder:		
Customer Relationship No.		
Premium Paying Term:		
Proposal Deposit Amount/Premium Amount Rs.		
Premium Payment Frequency Monthly	Quarterly Half yearly	Annually
Proposal/Policy No.		
Start Date		
End Date		
The payment of the proposal deposit amount/premia in resp statutory authority in respect of the Insurance Proposal/Polic Kotak Mahindra Old Mutual Life Insurance Ltd. giving you no	cy and I/we hereby authorize you to re	duce/increase the above mentioned amount/s upon
Signature(s)		
First Applicant	Second Applicant	Third Applicant
Date DDMMYYYY		
 The Standing Instruction will be effected in order of set up The Standing Instruction will be effective subject to the ac The Standing Instruction will continue to remain in effect revoked by Kotak Mahindra Old Mutual Life Insurance Lt Re-instation of the Standing Instruction, once revoked by writing by Account Holder(s) or on advise of Kotak Mahindra Policies that are revived/lapsed. The Account Holder(s) is/are responsible for keeping Kotak account and amend the mandate accordingly. Account holder(s) is/are required to ensure maintenance of towards payment of proposal deposit OR premia. Notwithstanding what is mentioned herein above, it is uncand facilitate the Policyholder to pay the proposal deposing payments within the due dates vests solely and absolutely payment charges and other consequences as may be enforced. Note: In order to abide by the Foreign Account Tax Compliance any of these questions is a 'yes': (i) Are you a citizen of any opurposes) of any other country other than India; (iii) Do you here I/We confirm that I/we shall report any future changes in my/ountil I/we provide a written intimation about any such change and consider my/our earlier submitted declarations, if any, as my/our own tax consultant. For Bank Use Only 	count being valid and in good standing. It for the term of the Policy till the same is the term of the Policy till the same is the term of the Policy till the same is the term of the Policy lapse or any control of Account Holder(s) or Kotak Mahindra Old Mutual Life Insurance Ltd. a totak Mahindra Old Mutual Life Insurance of sufficient funds in his/her account for the derstood that Kotak Mahindra Bank is exist and/OR premia and it is further acknowith the Policyholder and that in the eveced by Kotak Mahindra Old Mutual Life the ce Act (FATCA), kindly submit a Insurance the country apart from India (dual or roll of a green card of USA or any similar catour tax status to Kotak Life Insurance were, Kotak Life Insurance may presume the sould. I understand that for any queries	s cancelled in writing by the Account Holder(s) or is travention of Policy terms. a Old Mutual Life Insurance Ltd., will need to be in as the case may be and Kotak Mahindra Bank is not since Ltd. advised of any change in the status of the process of the standing Instruction by the Bank extending the above facility to make it convenient for nowledged that the on us and liability to make such ent of a late payment he/she shall be liable for the late extraction and the Insurance Ltd. as per the Policy Terms. Since FATCA Declaration, separately, if the answer to multiple citizenship); (ii) Are you a resident (for tax and for any other country? Within 30 days of such change. I/We also confirm that that there is no change in my/our tax residency status es about my/our tax residency, I/we have to consult
Name of the verifier	Employee code of the ver	rifier
Functional Designation Branch Manager Service	ee Manager	Manager
Policy No and Commencement date		
Set Up date	Approved by	
Set Up by	Signature Verified by	
Authorised by	RM Code	
For KLI Official Use Only		
·		
Branch Name:		Branch Code:
Name of Branch coordinator		Signature of Branch Coordinator