kotak® Life Insurance

A JOINT VENTURE WITH OLD MUTUAL

Koi hai... hamesha

CONTACT DETAILS UPDATION FORM

(The below mentioned details will be updated in our system)

PARTICULARS OF THE POLICY HOLDER

Policy No. Client Id

Name of the Policyholder S U R N A M E F I R S T N A M E M I D D L E N A M E

Contact Numbers (with STD codes) Residence Mobile

Office Email:

Pin Code:

☐ **Do your bit for a greener world and switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode.**

DECLARATION

- I understand that by submitting this form I am authorizing Kotak Mahindra Old Mutual Life Insurance Limited (the Company) to send all future communication relating to the said policy on the contact details mentioned hereinabove.
- I further understand that the Company will be sharing all the information relating to the said policy on the contact details mentioned in this form and I have no objection to the same.
- I hereby authorize the company to call and/or send any SMS in relation to any transactions or servicing pertaining to the said policy on the contact details mentioned in this form and I have no objection to the same.

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.

Date D D M M Y Y Y Y Place

Signature of Policy Holder/Assignee

(Should be the same as that in the proposal form)

DECLARATION BY THE PERSON FILLING IN THE FORM (For forms filled in by a scribe or for forms signed in vernacular languages)

I, _____ (Full Name of Scribe) have explained to the Proposer, that the answers to the questions form basis of the contract of Insurance between the Company and the Proposer and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been any non-disclosure of material facts the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company.

Address of the Scribe:

Signature/right thumb impression of the policy holder

Date D D M M Y Y Y Y

Place

Signature of the Scribe

Signature of the advisor/broker as witness

FOR OFFICE USE

Date D D M M Y Y Y Y Place

Signature of Branch Official

Kotak Mahindra Old Mutual Life Insurance Ltd.

IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai- 400 051. http://insurance.kotak.com/ Insurance is the subject matter of the solicitation.

CC\PS\Contact details CNG\003

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy no. _____.

Date D D M M Y Y Y Y

Branch Name

Name of Branch Co-ordiniator

Signature of branch co-ordinator

Kotak Mahindra Old Mutual Life Insurance Ltd.

IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai- 400 051. http://insurance.kotak.com/ Insurance is the subject matter of the solicitation.

CC\PS\Contact details CNG\003

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Eg: If your policy is 104790 and DOB is 7th April 1970, then type REGL **104790 07/04/1970** and send to 5676788, And receive:

- Transaction notifications
- Premium payment reminders
- Acknowledgments of your requests
- Value Added Services: you can request for important information such as NAV details, whenever you require

Write to us at :

Customer Care, Kotak Mahindra Old Mutual Life Insurance Limited, Building No. 21, Infinity Park, Off Western Express Highway, Goregaon Mulund Link Road Malad (E), Mumbai – 400 097.

clientservicedesk@kotak.com

1800 209 8800 (toll free)

Fax: 022 - 66200550