

PROPOSAL FORM KOTAK PREMIUM RETURN PLAN

 APPLICATION NO.: **PRB**

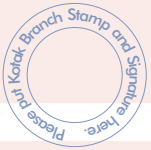
FORM ID NO: 10101550

FOR OFFICE USE ONLY

| | | | |
|---|----------------------|-------------------------------|----------------------|
| Proposal Number | <input type="text"/> | Proposal Receipt Date | <input type="text"/> |
| Agent ID <small>(Life Advisor/Corporate Agent/Broker/Relationship Officer)</small> | <input type="text"/> | Cross Reference No. | <input type="text"/> |
| Name of the Product | <input type="text"/> | Branch Code | <input type="text"/> |
| Product Code | <input type="text"/> | Client ID (for new customers) | <input type="text"/> |
| | | Opportunity ID | <input type="text"/> |

CATEGORY TO WHICH THE PROPOSER BELONGS:

- A. Rural Urban
- B. Unorganized Sector Economically Vulnerable / Backward Class Other Categories



INSTRUCTIONS FOR FILLING UP THE FORM

1. Please answer all questions. 2. Please tick a box thus where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Strokes of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in **BLOCK LETTERS** in black or blue ink. In case he/she is unable to do so, he/she may dictate the answers to the questions in the proposal form to a scribe, other than the Company's Life Advisor/Corporate Agent/Broker/Relationship Officer. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. Please use additional sheet where space is not sufficient.

1. PARTICULARS OF THE LIFE TO BE INSURED AND PROPOSER (to be filled in BLOCK LETTERS)

| PARTICULARS | LIFE TO BE INSURED | PROPOSER <small>(to be filled only if different from the life to be insured)</small> |
|---|---|---|
| 1.1 CLIENT ID (for existing Kotak Life Insurance policyholders) | <input type="text"/> | <input type="text"/> |
| 1.2 TITLE | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. |
| 1.3 FULL NAME | Surname First Name Middle Name | <input type="text"/> |
| 1.4 MAIDEN NAME (in case of a married female) | Surname First Name Middle Name | <input type="text"/> |
| 1.5 FATHER'S / HUSBAND'S NAME | Surname First Name Middle Name | <input type="text"/> |
| 1.6 NATIONALITY | <input type="checkbox"/> Indian <input type="checkbox"/> NRI/PIO ¹ <input type="checkbox"/> Others (please specify) | <input type="checkbox"/> Indian <input type="checkbox"/> NRI/PIO ¹ <input type="checkbox"/> Others (please specify) |
| 1.7 GENDER | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 1.8 DATE OF BIRTH | <input type="text"/> | <input type="text"/> |
| 1.9 GROSS ANNUAL INCOME | (In Rs. per annum) | (In Rs. per annum) |
| 1.10 PROOF OF AGE | <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others (please specify) | <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others (please specify) |
| 1.11 MARITAL STATUS | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) |
| 1.12 EDUCATIONAL QUALIFICATION (Tick Highest) | <input type="checkbox"/> Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12 th pass <input type="checkbox"/> 10 th pass <input type="checkbox"/> Below 10 th <input type="checkbox"/> Others (please specify) | <input type="checkbox"/> Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12 th pass <input type="checkbox"/> 10 th pass <input type="checkbox"/> Below 10 th <input type="checkbox"/> Others (please specify) |
| 1.13 OCCUPATION CATEGORY | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others (pls specify) | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others (pls specify) |
| 1.14 PERMANENT RESIDENTIAL ADDRESS | <input type="text"/> Village/ District Land Mark City State Pin | <input type="text"/> Village/ District Land Mark City State Pin |
| 1.15 CURRENT RESIDENTIAL ADDRESS (If different from Permanent Residential Address) | <input type="text"/> Village/ District Land Mark City State Pin | <input type="text"/> Village/ District Land Mark City State Pin |

¹ Please fill in the NRI / PIO questionnaire.

| PARTICULARS | LIFE TO BE INSURED | PROPOSER <small>(to be filled only if different from the life to be insured)</small> |
|--|---|--|
| 1.16 OFFICE ADDRESS (company name & full address of present employer) | | |
| 1.17 PREFERRED MAILING ADDRESS | | |
| 1.18 TELEPHONE NUMBER (with STD Codes) | | |
| 1.19 E-mail ID | | |
| 1.20 IT ASSESSEE | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 1.21 PERMANENT A/C NO. (PAN) | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.22 IF PAN NOT AVAILABLE | Applied for <input type="checkbox"/> Not Applied for <input type="checkbox"/> | Applied for <input type="checkbox"/> Not Applied for <input type="checkbox"/> |
| 1.23 RELATIONSHIP TO LIFE TO BE INSURED | NOT APPLICABLE | |
| 1.24 TOTAL EXISTING LIFE COVER (excluding this proposal) (in Rs.) | NOT APPLICABLE | |

2. ADDITIONAL INFORMATION OF THE LIFE TO BE INSURED AND PROPOSER

| PARTICULARS | LIFE TO BE INSURED | PROPOSER <small>(to be filled only if different from the life to be insured)</small> |
|--|---|---|
| 2.1 PROOF OF IDENTITY | Passport <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Ration Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others _____ | Passport <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Ration Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others _____ |
| 2.2 PROOF OF CURRENT RESIDENCE | Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Others _____ | Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Others _____ |
| 2.3 PROOF OF PERMANENT RESIDENCE | Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Others _____ | Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Others _____ |
| 2.4 SOURCE OF EARNINGS | Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Others _____ | Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Others _____ |
| 2.5 PROOF OF INCOME <small>(where sum of annualized premiums & top-ups across all policies with KLI [including at proposal stage] is Rs. 1 Lakh or more)</small> | IT Returns <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Audited P/L <input type="checkbox"/> Others _____ | IT Returns <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Audited P/L Accts. <input type="checkbox"/> Others _____ |
| 2.6 OTHER DETAILS | | |
| a) Do you have any history of conviction under any criminal proceedings, in India or abroad? | | LIFE TO BE INSURED: Yes <input type="checkbox"/> No <input type="checkbox"/> PROPOSER: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Are you a Politically Exposed Person (these are the people who hold prominent public function viz. Heads/Ministers of Central or State Govt, Senior Politicians, Senior Govt., Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials, and immediate family members of above persons)? | | LIFE TO BE INSURED: Yes <input type="checkbox"/> No <input type="checkbox"/> PROPOSER: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'Yes' kindly give details (please attach additional sheet where space is not sufficient): | | |

3. PARTICULARS OF THE PLAN PROPOSED

| 3.1 | POLICY TERM (Years) | SUM ASSURED (Rs.) | MODAL PREMIUM (Rs.) |
|---|--|-------------------|---------------------|
| PRODUCT DETAILS | <input type="checkbox"/> 20 years <input type="checkbox"/> 15 years <input type="checkbox"/> 10 years | | |
| POLICY FEES ² | | | |
| TOTAL (ROUNDED OFF TO THE NEAREST RUPEE) | | | |
| 3.2 Frequency of Premium Payment | <input type="checkbox"/> Yearly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (through ECS / SI only) | | |

² Policy Fees applicable as per terms and conditions mentioned in the policy document**4. DETAILS OF PROPOSAL DEPOSIT PAID**

| | | | |
|----------------------------|--|---------------------|--|
| 4.1 MODE OF PAYMENT | <input type="checkbox"/> Cheque/DD <input type="checkbox"/> Cash (Should you choose to pay premiums by cash, you are advised to do so at the nearest Kotak Life Insurance branch only) | | |
| 4.2 Cheque/DD No. | 4.3 Dated | 4.4 Amount (in Rs.) | 4.5 Drawn on (Name of Bank and Branch) |
| | D D M M Y Y Y Y | | |
| 4.6 IFSC ³ CODE | | | |

³ IFSC is an 11 digit alpha-numeric code to identify bank branches in India and can be found on the cheque leaf.**5. BANK DETAILS FOR DIRECT CREDIT OF BENEFITS/REFUNDS** Note: The client undertakes the responsibility to intimate KLI regarding change in bank details. The claims arising under this policy will be settled through the above-mentioned Bank Account only.

| | | |
|--------------------|--------------------------|--|
| 5.1 BANK NAME | 5.2 BANK BRANCH | 5.3 BANK CODE |
| 5.4 ACCOUNT NUMBER | 5.5 NEFT/RTGS/IFSC CODE | 5.6 MICR NO. |
| 5.7 ACCOUNT TYPE | 5.8 Cheque Copy Enclosed | Yes <input type="checkbox"/> No <input type="checkbox"/> |

6. PARTICULARS OF NOMINEE ⁴ / APPOINTEE ⁵

| PARTICULARS | NOMINEE | APPOINTEE |
|---|--|--|
| 6.1 CLIENT ID (for existing Kotak Life Insurance policy holder) | | |
| 6.2 Percentage of Share | <input type="checkbox"/> % | <input type="checkbox"/> % |
| 6.3 TITLE | Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> | Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> |
| 6.4 FULL NAME | Surname <input type="checkbox"/> First Name <input type="checkbox"/> Middle Name <input type="checkbox"/> | Surname <input type="checkbox"/> First Name <input type="checkbox"/> Middle Name <input type="checkbox"/> |

| PARTICULARS | NOMINEE | | APPOINTEE | |
|---------------------------------|--|---|--|---|
| 6.5 NATIONALITY | <input type="checkbox"/> Indian | <input type="checkbox"/> NRI / PIO ⁶ | <input type="checkbox"/> Indian | <input type="checkbox"/> NRI / PIO ⁶ |
| | <input type="checkbox"/> Others (Pls. specify) | | <input type="checkbox"/> Others (Pls. specify) | |
| 6.6 GENDER | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 6.7 DATE OF BIRTH | D D M M Y Y Y Y | | D D M M Y Y Y Y | |
| 6.8 CURRENT RESIDENTIAL ADDRESS | Village/District Land Mark City State Pin | | Village/District Land Mark City State Pin | |
| 6.9 RELATIONSHIP DETAILS | TO LIFE TO BE INSURED | | TO NOMINEE | |

⁴ Applicable only if Proposer and Life to be Insured are the same. In case of more than 2 nominees, please fill in the Additional Nominee Form. ⁵ Where the Nominee(s) is / are a minor.
⁶ Please fill in the NRI / PIO Questionnaire.

7. PERSONAL HEALTH DETAILS OF THE LIFE TO BE INSURED

| | | | | | | |
|--|-----|----|----|--------|------------|------|
| 7.1 HEIGHT | cms | OR | ft | inches | 7.2 WEIGHT | kgs. |
| 7.3 I am in good health and free from disease or disability or symptoms thereof (relating to conditions other than minor impairments such as colds or flu) <input type="checkbox"/> I Agree <input type="checkbox"/> I Disagree | | | | | | |
| 7.4 I am not receiving any regular medical treatment and have not done so in the last 12 months <input type="checkbox"/> I Agree <input type="checkbox"/> I Disagree | | | | | | |
| 7.5 I have never had a heart ailment, a stroke, cancer, diabetes, HIV infection or AIDS. <input type="checkbox"/> I Agree <input type="checkbox"/> I Disagree | | | | | | |
| 7.6 Other than this Proposal I have not applied for, nor do I hold any Kotak Premium Return Plan. <input type="checkbox"/> I Agree <input type="checkbox"/> I Disagree | | | | | | |
| 7.7 I do not consume tobacco in any form (greater than 10 cigarettes / beedis or greater than 2 sachets of tobacco) and / or alcohol (greater than 1 unit ⁷) in a day <input type="checkbox"/> I Agree <input type="checkbox"/> I Disagree | | | | | | |

⁷ 1 unit = half pint beer / 1 glass of wine / 1 measure of spirits

8. DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR BY HIS/HER LEGAL GUARDIAN

I/We confirm that I/we am/are submitting this Proposal Form after having read and understood the product features, benefits & risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s) and I/we submit the duly acknowledged sales illustration confirming my/our understanding of the plan for which this Proposal Form is being submitted.

I/We declare that I/we have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We also hereby declare that the answers given by me/us to all the questions in the proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify Kotak Mahindra Old Mutual Life Insurance Ltd. ("the Company") of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this proposal form and before the acceptance of the risk by the Company. I/We hereby consent to the Company seeking information and any reports from any doctor(s) including hospital - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health.

I also hereby authorize my employer, to divulge to the Company any information required by it in connection with this proposal form and the policy contract that may be issued pursuant to this proposal. I agree to undergo all medical tests required by the Company for obtaining the policy. Further I understand that in the event of my being physically examined, the answers given by me to the medical examiner acting on behalf of the Company, shall be deemed to be duly incorporated in this Proposal Form. In event of this proposal not being converted into a policy the Company reserves the right to recover from me administration charges and medical expenses incurred by the Company.

I/We further declare that the statements/submissions made by me/us in this Proposal Form [including any addendum(s) thereto / all declarations, affidavits and other statements] and/or any information sought for by the Company from any person authorised by me to provide such information, relied upon by the Company to assess the risk on my life under this Proposal Form shall form a basis of the contract of insurance between me/us and the Company. And if any untrue statement is contained in the Proposal Form [including any addendum(s) thereto]/any of the above documents or statements, or if there has been a nondisclosure of a material fact the Company shall have the right to vary the benefits/ treat the Policy as void and all premiums paid under the policy may be forfeited to the Company.

I/We understand that the contract will be governed by the provisions of the Insurance Act, 1938, the IRDA Act, 1999 and the Regulations framed there under and that the contract will not commence until the Company's written acceptance of this Proposal Form is received. In case of the life to be insured being a minor, I further declare and affirm that this proposal of insurance is for the benefit of the life to be insured.

I/We hereby confirm that all premiums will be paid from bonafide sources and no premiums have/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

Please paste latest self-signed photograph of the Proposer

| | |
|---|--|
| Signature / Right thumb impression of the proposer (if different from the life to be insured) | Signature / Right thumb impression of the life to be insured (or Guardian, if the life to be insured is a minor) |
| Place | Place |
| Date D D M M Y Y Y Y | Date D D M M Y Y Y Y |

Proposer's Witness :

Name : _____ Date : D D M M Y Y Y Y

Kotak Mahindra Old Mutual Life Insurance Ltd. Witness:

Name : _____ Date : D D M M Y Y Y Y

Signature of Witness

Signature



A JOINT VENTURE WITH OLD MUTUAL

Faidey ka insurance

Application No.: **PRB**

ACKNOWLEDGEMENT*

Agent ID (Life Advisor/Corporate Agent/ Broker/Relationship Officer) _____ Date D D M M Y Y Y Y

Received from Mr./Ms. _____ the proposal for Life Insurance with Kotak Mahindra Old Mutual Life Insurance Limited along with Rs. _____ by way of Cheque**/DD** no. _____

Dated D D M M Y Y Y Y Drawn On _____ Bank, _____ Branch OR _____

by way of Cash Deposit Dated D D M M Y Y Y Y with Kotak Life Insurance _____ Branch. _____

Date: D D M M Y Y Y Y Place: _____

| | |
|------|-----------|
| NAME | SIGNATURE |
|------|-----------|

(Name and Signature of the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer)

* Please note that, this acknowledgement does not in any way constitute acceptance or commencement of risk.
 ** All cheques/demand draft should be crossed and drawn in favour of "KOTAK LIFE INSURANCE" OR "KOTAK MAHINDRA OLD MUTUAL LIFE INSURANCE LIMITED".

SECTION 41 OF THE INSURANCE ACT, 1938 (4 OF 1938): (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

SECTION 45 OF THE INSURANCE ACT, 1938 (4 OF 1938): No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

9. DECLARATION FOR ONLINE TRANSACTION RIGHTS:

I have read the terms and conditions of registration on Kotak Life Insurance website – <http://insurance.kotak.com> and accept them. I understand that I will have to register on <http://insurance.kotak.com> to receive my username and password. I agree that all transactions executed over the website <http://insurance.kotak.com> under my username and password will be binding on me. I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance.

Place

Date

D D M M Y Y Y Y

Signature / Right Thumb
Impression of the Proposer

10. DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular language)

I, _____ (Full Name) have explained to the Proposer, that the answers to the questions form the 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 a non-disclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Life to be Insured has signed / affixed his / her right thumb impression in my presence.

Address _____
Village / District _____ Land Mark _____

City _____ State _____ Pin _____

Place _____ Date D D M M Y Y Y Y

I, the Life to be Insured / Proposer declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature of the Scribe

Signature / Right Thumb Impression of
the ProposerSignature of the Life Advisor/Specified person of Corporate Agent
/Authorised Employee of Broker/ Relationship Officer

11. DECLARATION BY THE LIFE ADVISOR/CORPORATE AGENT / BROKER / RELATIONSHIP OFFICER (please cancel what is not applicable and fill all details)

I, _____ (Full Name) in my capacity as the Life Advisor / Specified Person of the Corporate Agent/Authorised Employee of the Broker/ Relationship Officer, do declare that I have explained all the contents of this proposal form, including the nature of the questions contained in this proposal form to the proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this proposal form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the Company and the proposer, if this proposal is accepted by the Company for issuance of a policy.

I have further explained that if any untrue statement(s)/information/ response(s) is/are contained herein / including any addendum(s), affidavits, statements, submissions furnished / to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore if there has been a non-disclosure of any material fact, the policy issued in his/her favour pursuant to this proposal may be treated by the Company as null and void and all premiums paid under the policy may be forfeited to the Company. Based on my interaction with the proposer and/or the documents and records that I have been supplied with, I have no information, which suggests that any of the statement(s), information and response(s) supplied by the proposer or the life to be insured is/are incomplete or untrue

Licence No. (Life Advisor/Corporate Agent/Broker/Relationship Officer) _____

Place _____

Date D D M M Y Y Y Y

(Signature of the Life Advisor/Specified person of Corporate Agent
/Authorised Employee of Broker/ Relationship Officer)

FOR OFFICE USE ONLY

CHECKED BY

| | | | |
|----------------------------|------------------------------|-----------------|------------------|
| NAME OF SALES MANAGER | NAME OF SALES ASSOCIATE | PROMOTION CODE | NAME OF BOE |
| SALES MANAGER ID | SALES ASSOCIATE ID | PARTNER CODE | BRANCH NAME |
| D D M M Y Y Y Y | D D M M Y Y Y Y | D D M M Y Y Y Y | D D M M Y Y Y Y |
| SIGNATURE OF SALES MANAGER | SIGNATURE OF SALES ASSOCIATE | SIGNATURE | SIGNATURE OF BOE |

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, Regd. Office: 4th Floor, Vinay Bhavya Complex, 159A C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400098.

<http://insurance.kotak.com/>

Insurance is the subject matter of the solicitation.

PF/1550/V1.0/PRN/1K/11/MAR/09/001/RG/2/HO



FOR YOUR REFERENCE

- This is an acknowledgement by the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer of having received the Proposal Form. This is not a receipt issued by Kotak Mahindra Old Mutual Life Insurance Limited.
- Kotak Mahindra Old Mutual Life Insurance Limited shall issue a proposal deposit receipt (PDR) on receiving the completed proposal form with the cash / cheque / demand draft at its branch office.
- In case of non-receipt of your PDR or for any clarification, kindly contact your Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer.
- For further assistance, do write to us at lifeexpert@kotak.com



TOLL FREE 1800 209 8800

SMS KLIFE to 5676788

lifeexpert@kotak.com

<http://insurance.kotak.com/>

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, Regd. Office: 4th Floor, Vinay Bhavya Complex, 159A C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400098.

<http://insurance.kotak.com/>

Insurance is the subject matter of the solicitation.

PF/1550/V1.0/PRN/1K/11/MAR/09/001/RG/2/HO