kotak® Life Insurance

A JOINT VENTURE WITH OLD MUTUAL

Faidey ka insurance

TERMINATION FORM

INSTRUCTIONS:

1. The policyholder must Countersign in case of cancellation/alteration while filling the form.
2. This application will not be effective until it is officially accepted by Kotak Mahindra Old Mutual Life Insurance Ltd.

1. PARTICULARS OF THE POLICYHOLDER

a) Policy Number Client ID

b) Full Name : Title Surname First Name Middle Name

c) Contact No : STD Mobile

d) Address:

City: State : Pin : MA ND AT OR Y

E-mail : _____

Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode.

*** If there is an address change please submit a valid address proof. with address change form**

2. DETAILS REGARDING TERMINATION.

Name of the Plan

I agree with the condition that I would not be getting any refund after the termination of my above mentioned policy.

I am also submitting original policy documents.

Reason for Termination

3. DECLARATION BY THE POLICYHOLDER

I understand and agree to all information and terms and conditions given in my policy contract.

Place

Date D D M M Y Y Y Y

Signature of the Policy holder or Guardian (if life insured is minor) or Assignee (if policy is Assigned)

4. 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 _____ do 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 the questions form the basis for accepting this request for Termination.

Date D D M M Y Y Y Y

Signature of Scribe

FOR OFFICE USE ONLY

Branch Name PS Connect ID Mode of receipt

Date of receipt D D M M Y Y Y Y Time of receipt H H M M

Name of branch co-ordinator

Signature of branch co-ordinator

ACKNOWLEDGEMENT

We acknowledge the receipt of request for Termination for Policy no.: _____.

Branch Name

Date D D M M Y Y Y Y Time H H M M

Name of branch co-ordinator

Signature of branch co-ordinator

Kotak Mahindra Old Mutual Life Insurance Ltd. Regn. No.: 107, Regd. Office: 4th Floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai-400 098
http://insurance.kotak.com/ Insurance is the subject matter of the solicitation. 1.1/052011