

## ADDRESS CHANGE REQUEST FORM

- Please fill the names in BLOCK letters.
- This form must be filled by the Policy Holder. If the policy is assigned, form must be signed by the assignee.
- This form must be sent to "The Policy Servicing Department, Kotak Mahindra Old Mutual Life Insurance Ltd., Kotak Tower, 7th Floor, Building No.21, Infinity Park, Off Western Express Highway, Goregaon Mulund link Road, Malad (E), Mumbai- 400097.

### PARTICULARS OF THE POLICY HOLDER

Policy Number		Client ID	
Name of Policy Holder			
Title (Mr./Ms./Mrs.)	Surname	First name	Middle Name

### ADDRESS

a)  Change  Correction    b)  Policy Holder  Life Insured  Nominee  Appointee  Assignee  
 (Please Tick as applicable)

OLD ADDRESS				NEW ADDRESS			
<input type="checkbox"/> Office	<input type="checkbox"/> Residence			<input type="checkbox"/> Office	<input type="checkbox"/> Residence		
Flat/Building				Flat/Building			
Road/Sector				Road/Sector			
Area		Landmark		Area		Landmark	
City				City			
State		Pin		State		Pin	

### CONTACT NUMBERS (with STD codes)

Residence		Office	
Mobile		Email	

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

### PROOF OF ADDRESS (please tick the one submitted)

<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Valid Driving License	<input type="checkbox"/> Bank Certificate or recent statement
<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Employers Certificate
<input type="checkbox"/> Lease Agreement along with payment receipt	<input type="checkbox"/> Others (Please Specify) _____	

### DECLARATION BY THE POLICY HOLDER / ASSIGNEE

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 new address details mentioned hereinabove.

I hereby declare that I understand and agree to all the conditions and information given above

Date

Place

Signature of policy holder/assignee

### DECLARATION BY THE PERSON FILLING IN THE FORM (For Form filled in by a SCRIBE or for form signed in vernacular language)

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 Address change.

Date

Signature of the Scribe

### FOR OFFICIAL USE ONLY

Name of Operations Executive  Branch Code

Date

Time

Signature of Branch Official

### Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 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.



### ACKNOWLEDGEMENT

We acknowledge the receipt of your request for change of contact details for policy number \_\_\_\_\_

Branch Name

Branch Code

Date

Signature of Branch Official

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