kotak® Life Insurance

A JOINT VENTURE WITH OLD MUTUAL

Faidey ka insurance

APPLICATION FORM FOR CHANGE IN DATE OF BIRTH

INSTRUCTIONS FOR FILLING UP THE FORM

1. Please fill this form in BLOCK LETTERS using black or blue ink.
2. This form must be filled by the policy holder. If the policy is assigned, form must be signed by the assignee.
3. Alteration in Date of Birth of the Life Insured shall not be registered in the Company's records, unless this form is received at the CPC, supported by all the necessary documents.
4. The alteration in the Date of Birth of Life Insured shall be given effect to, in the records of the Company, only after fresh underwriting and subsequent approval from the Policy Holder in case of change in any of the terms or conditions from the original policy, for all the terms and conditions mentioned thereupon.
5. The alterations shall be effective on a written communication to you from the Company from the date mentioned in the letter.
7. This form must be sent to "Kotak Life Insurance", The Policy Servicing Department, 7th Floor, Kotak Infiniti, Building No. 21, Raheja Infinity park, Off Western Express Highway, Goregaon Mulund Link Road, Malad (E) Mumbai-400097. Alternatively, you may also deliver this form at any of the KLI Branches.

PARTICULARS OF THE POLICY HOLDER

Policy No. Client ID

Name of Policy Holder

Title(Mr./Ms./Mrs.) Surname First name Middle name

Telephone Numbers

Residence Mobile

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.

Change in Date of Birth of

Policy Holder Life Insured Nominee Appointee

Current Date of Birth D D M M Y Y Y Y New Date of Birth D D M M Y Y Y Y

Please submit any of the proofs mentioned below
(Please tick against the one submitted)

Passport Driving License School/college certificate Govt Service Extracts

Birth Certificate Pan card Defence card

Election Identity Card (DOB should be mentioned, not only age) Others (Please specify) _____

Medicals attached (if any) Yes No

DECLARATION BY THE POLICY HOLDER / ASSIGNEE

I understand that the change in the Date of Birth of Life Insured will require fresh underwriting and even Medical tests, if any. I also understand that this could lead to a consequent revision in the terms and conditions of the policy, including a change in the Sum Assured and / or premium amounts or even cancellation of the policy from inception. I undertake to allow Kotak Mahindra Old Mutual Life Insurance Ltd. to undertake a fresh underwriting and intimate me the results thereof for my approval. I also declare that the error in the Date of Birth was unintentional on my part and not a willful one. In the event that any willful intention is proved in this respect, I authorise Kotak Mahindra Old Mutual Life Insurance Ltd. to forfeit all the premiums paid on this policy till date. In any case, I do undertake to meet the minimum premium requirements of the Company.

Date D D M M Y Y Y Y Place

Signature/Right thumb impression of Policy Holder/ Assignee (if policy is assigned)

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 Date of birth change.

Date D D M M Y Y Y Y

Signature of Scribe

FOR BRANCH OFFICE USE ONLY

Date D D M M Y Y Y Y Place

Signature of Branch co-ordinator

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy number _____

Branch Name and code Date D D M M Y Y Y Y

Signature of Branch co-ordinator

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.