

APPLICATION FORM FOR CHANGE OF NAME AND PREMIUM PAYMENT FREQUENCY

- 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.
- Change in name shall not be registered in the Company's records, unless this form is received at the Central Processing Centre, supported by all the necessary documents mentioned hereunder.
- If any question in the form is left unanswered, the request would not be acted upon by Central Processing Centre.
- The alterations shall be effective on a written communication to you from the Company from the date mentioned in the letter.

PARTICULARS OF THE POLICY HOLDER

Policy Number		Client ID	
Name of Policy Holder			
Title(Mr./Ms./Mrs.)	Surname	First name	Middle name
Address		Office	Permanent Residence
Current Residence			
Flat / Building		Road / Sector	
Area		Landmark	
City / Village		State	Pin

1. NAME

a) Change Correction b) Policy Holder Life Insured Nominee Appointee

(Please Tick as applicable)

Current Name

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

New Name

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

Please submit any of the proofs mentioned below

Proof of Name Submitted(Please tick against the one submitted)

<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> School/college records	<input type="checkbox"/> Marriage certificate for women
<input type="checkbox"/> Defense Card	<input type="checkbox"/> Election Identity Card	<input type="checkbox"/> Govt. Service Extracts	<input type="checkbox"/> Bank Certificate
<input type="checkbox"/> Name change notification in official Gazette	<input type="checkbox"/> Pan Card	<input type="checkbox"/> Birth Certificate	

* If the proof is in vernacular language, proof needs to be attested by the Operations Executive at our branch

2. PREMIUM PAYMENT FREQUENCY

Change Mode of Payment to Yearly Half Yealy Monthly Quarterly

* In case Monthly Mode is opted for, ECS is mandatory. Please submit an ECS request simultaneously. ECS can be opted.

** In case ECS or Standing Instruction(SI) premium payment facility is active, please confirm if the same is to be continued Yes No (If Yes, please attach fresh ECS or SI form simultaneously)

DECLARATION BY THE POLICY HOLDER / ASSIGNEE

I hereby declare that I understand and agree to all the conditions / instructions 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 Name and Premium payment frequency change.

Date Place Signature of Scribe

FOR OFFICE USE

Date Place Signature of Branch Official

ACKNOWLEDGEMENT

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

Branch Name and code Date Signature of branch official

Name of Operations Executive

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 solicitation

NAME-MODE/V1.1.1/2009