

KOTAK PROPOSAL FORM

 APPLICATION NO.: **KP**

(KPF)

FORM ID NO: 10102050

 NON UNIT LINKED

 UNIT LINKED: "IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

FOR OFFICE USE ONLY

 Proposal Number

 Proposal Receipt Date

 Name of the Product

 Cross Reference No.

 Product Code

 Branch Code

 Opportunity ID

 Client ID (for new customers)

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 Insurer, 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 (to be filled only if different from the life to be insured)
1.1 CLIENT ID (As policyholder or as Nominee/Appointee/Trustee etc.)	<input type="text"/>	<input type="text"/>
1.2 TITLE	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master
1.3 FULL NAME	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
1.4 MAIDEN NAME (in case of married female)	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
1.5 FATHER's / HUSBAND's NAME	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> 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 ₹ per annum) <input type="text"/>	(In ₹ per annum) <input type="text"/>
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 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 Others (ple. 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 (please 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 (ple. specify)
1.14 a) IF SALARIED (please tell us the type of organization)	<input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others (ple. specify)
1.14 b) IF SELF-EMPLOYED (please tell us the type of organization)	<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional Others (please specify)	<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional Others (please specify)
1.15 PERMANENT RESIDENTIAL ADDRESS	C/o or S/o or W/o <input type="text"/> House/Flat No./Society <input type="text"/> Street/Lane/Mohalla <input type="text"/> Landmark <input type="text"/> Area/Location <input type="text"/> Village/Taluka/Tehsil <input type="text"/> City/District <input type="text"/> State <input type="text"/> Pin <input type="text"/>	C/o or S/o or W/o <input type="text"/> House/Flat No./Society <input type="text"/> Street/Lane/Mohalla <input type="text"/> Landmark <input type="text"/> Area/Location <input type="text"/> Village/Taluka/Tehsil <input type="text"/> City/District <input type="text"/> State <input type="text"/> Pin <input type="text"/>

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 CURRENT RESIDENTIAL ADDRESS (If different from Permanent Residential Address)	C/o or S/o or W/o					
	House/Flat No./Society					
	Street/Lane/Mohalla					
	Landmark					
	Area/Location					
	Village/Taluka/Tehsil					
1.17 OFFICE ADDRESS (Company name and full address of present employer/last employer for retired individuals)	City/District					
	State					
	Street/Lane					
	Landmark					
1.18 PREFERRED MAILING ADDRESS	Area/Location					
	City/District					
	State					
1.19 WORK DETAILS (present employment)	Permanent Residential	<input type="checkbox"/>	Current Residential	<input type="checkbox"/>	Office	<input type="checkbox"/>
	a) No. of Years in Service		b) Designation		c) Nature of Work	
	d) Nature of Business of the Organization					
	Residence					
1.20 TELEPHONE NUMBER (with STD Codes)	Office					
	Mobile					
	Residence					
1.21 E-mail ID						
1.22 IT ASSESSEE	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
1.23 PERMANENT A/C NO. (PAN)	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>					
1.24 IF PAN NOT AVAILABLE	Applied for	<input type="checkbox"/>	Not Applied for	<input type="checkbox"/>		
1.25 RELATIONSHIP TO LIFE TO BE INSURED	NOT APPLICABLE					
1.26 TOTAL EXISTING LIFE COVER (excluding this proposal) (in ₹)	PLEASE REFER TO QUESTION NO. 9					

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 <u>(ple. specify)</u>	<input type="checkbox"/>	
2.2 PROOF OF PERMANENT RESIDENCE (in case both are different, proof of Permanent Residence of Proposer only)	Telephone Bill ²	<input type="checkbox"/>	Electricity Bill ²	<input type="checkbox"/>	Passport	<input type="checkbox"/>	
	Driving Licence	<input type="checkbox"/>	Voter's Identity Card	<input type="checkbox"/>	Others <u>(ple. specify)</u>	<input type="checkbox"/>	
2.3 PROOF OF CURRENT RESIDENCE (in case both are different, proof of Current Residence of Proposer only)	Telephone Bill ²	<input type="checkbox"/>	Electricity Bill ²	<input type="checkbox"/>	Passport	<input type="checkbox"/>	
	Driving Licence	<input type="checkbox"/>	Voter's Identity Card	<input type="checkbox"/>	Others <u>(ple. specify)</u>	<input type="checkbox"/>	
2.4 SOURCE OF EARNINGS	Salary	<input type="checkbox"/>	Business Income	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	
	Others <u>(ple. specify)</u>						
2.5 PROOF OF INCOME (where sum of annualized premiums across all policies with KLI (including at proposal stage) is ₹ 1 Lakh or more)	IT Returns	<input type="checkbox"/>	Employer's Certificate	<input type="checkbox"/>	Audited P/L Accts.	<input type="checkbox"/>	
	Others <u>(ple. specify)</u>						

2.6 OTHER DETAILS		LIFE TO BE INSURED		PROPOSER	
a) Do you have any history of conviction under any criminal proceedings in India or abroad?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Is your occupation associated with any specific hazards which would render you susceptible to any injury or illness, e.g. chemical factory, mines, explosives, corrosive chemicals, etc.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Are you currently engaged in or intend to take part in any hazardous hobbies / activities which would increase the risk of any injury or illness to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

e) If your answer is 'Yes' to any of the above questions kindly give details:

²Maximum 6 months old

3. PARTICULARS OF THE PLAN PROPOSED

3.1	NAME OF THE PLAN / RIDER	POLICY / RIDER TERM (Yrs.)	SUM ASSURED (₹)	MODAL PREMIUM (₹)
a) BASIC BENEFIT				
b) OPTIONAL RIDER BENEFITS (please fill the Life Guardian Addendum where applicable)				

POLICY FEES ³

TOTAL PREMIUM (ROUNDED OFF TO THE NEAREST RUPEE)

3.2 Frequency of Premium Payment Single Yearly Half - Yearly Quarterly Monthly

3.3 Premium Payment Term (Years) Full Policy Term Others (please specify)

³ Policy Fees applicable as per terms and conditions mentioned in the policy document.

4A. DETAILS FOR UNIT LINKED PLANS ONLY

4A.1 Please indicate your fund allocation below (Total must be equal to 100%)

Fund Names (SFINs below)	Plan Name:		
Classic Opportunities Fund (%)			
Frontline Equity Fund (%)			
Balanced Fund (%)			
Dynamic Floor Fund II(%)			
Dynamic Bond Fund (%)			
Dynamic Gilt Fund (%)			
Money Market Fund (%)			
Dynamic Floating Rate Fund (%)			
Guarantee Fund (%)			
Peak Guarantee Fund I* (%)			
Systematic Switching Strategy (SSS)*			

*This is a closed-ended fund and will be available for specific periods from time to time. Please consult your Life Advisor/Corporate Agent/Broker/Relationship Officer regarding its availability.
SFINs: Classic Opportunities Fund (ULIF-033-16/12/09-CLAOPPFND-107), Frontline Equity Fund (ULIF-034-17/12/09-FRLEQFND-107), Balanced Fund (ULIF-037-21/12/09-BALKFND-107), Dynamic Floor Fund II (ULIF-035-17/12/09-DYFLRFND2-107), Dynamic Bond Fund (ULIF-015-15/04/04-DYBNDFND-107), Dynamic Gilt Fund (ULIF-006-27/06/03-DYGLTFND-107), Money Market Fund (ULIF-041-05/01/10-MNMKFFND-107), Dynamic Floating Rate Fund (ULIF-020-07/12/04-DYFLTRFND-107), Guarantee Fund (ULIF-048-05/02/10-GRTFND-107), Peak Guaranteed Fund I (ULIF-049-14/02/10-PKGRTFND1-107)

*This is a fund strategy and not a fund

4A.2 If SSS is chosen, specify the fund option

 Classic Opportunity Fund Frontline Equity Fund

4A.3 Do you wish to Choose Systematic Exit Strategy (SES)

 Yes No**4B. DETAILS FOR NON-UNIT LINKED PLANS ONLY (Subject to acceptance of risk by insurer)**

4B.1 Do you want the policy to be backdated?

 Yes No

4B.2 If "Yes", specify backdate date

D D M M Y Y Y Y

(Should not precede 1st April of current Financial Year)

and fill in corresponding age on Last Birthday (at that date)

5. DETAILS OF PROPOSAL DEPOSIT PAID

5.1 MODE OF PAYMENT

 Cheque/DD Cash (Should you choose to pay premiums by cash, you are advised to do so at the nearest Kotak Life Insurance branch only)

5.2 CHEQUE / DD NO.

5.3 DATED

5.4 AMOUNT (in ₹)

5.5 DRAWN ON (Name of Bank and Branch)

D D M M Y Y Y Y

5.6 IFSC CODE

6. BANK DETAILS FOR DIRECT CREDIT OF BENEFITS/REFUNDS

6.1 BANK NAME

6.2 BANK BRANCH

6.3 BANK CODE

6.4 ACCOUNT NUMBER

6.5 NEFT/RTGS/IFSC CODE

6.6 MICR NO.

6.7 ACCOUNT TYPE

6.8 CHEQUE COPY ENCLOSED

YES NO

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.

7. PARTICULARS OF NOMINEE ⁵

PARTICULARS	NOMINEE	ADDITIONAL NOMINEE
7.1 CLIENT ID (As policyholder or as Nominee/Appointee/Trustee etc.)	<input type="text"/>	<input type="text"/>
7.2 Percentage of Share	<input type="text"/> %	<input type="text"/> %
7.3 TITLE	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master <input type="checkbox"/>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master <input type="checkbox"/>
7.4 FULL NAME	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
7.5 NATIONALITY	Indian <input type="checkbox"/> NRI / PIO ⁶ <input type="checkbox"/> Others (Pls specify) <input type="text"/>	Indian <input type="checkbox"/> NRI / PIO ⁶ <input type="checkbox"/> Others (Pls specify) <input type="text"/>
7.6 GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
7.7 DATE OF BIRTH	D D M M Y Y Y Y	D D M M Y Y Y Y
7.8 CURRENT RESIDENTIAL ADDRESS	C/o or S/o or W/o <input type="text"/> House/Flat No./Society <input type="text"/> Street/Lane <input type="text"/> Landmark <input type="text"/> Area/Location <input type="text"/> Village/Taluka <input type="text"/> City/District <input type="text"/> State <input type="text"/> Pin <input type="text"/>	C/o or S/o or W/o <input type="text"/> House/Flat No./Society <input type="text"/> Street/Lane <input type="text"/> Landmark <input type="text"/> Area/Location <input type="text"/> Village/Taluka <input type="text"/> City/District <input type="text"/> State <input type="text"/> Pin <input type="text"/>
7.9 RELATIONSHIP TO LIFE TO BE INSURED	<input type="text"/>	<input type="text"/>

⁵ 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. Only one nominee (mandatorily a minor) is applicable for Kotak Child Edu Plan & Kotak Child Future Plan

⁶ Please fill in the NRI / PIO Questionnaire.

8. PARTICULARS OF APPOINTEE ⁷ / LEGAL GUARDIAN

8.1 TITLE	SURNAME	FIRST NAME	MIDDLE NAME
8.2 CLIENT ID (As policyholder or as Nominee/Appointee/Trustee etc.)	8.3 DATE OF BIRTH		8.4 RELATIONSHIP TO NOMINEE
8.5 CURRENT RESIDENTIAL ADDRESS			
Village/ District		Land Mark	
City	State	Pin	
8.6 Signature/Thumb Impression of the Appointee			

⁷ Where the Nominee(s) is/are a minor.

9. DETAILS OF LIFE INSURANCE POLICIES HELD / PROPOSALS APPLIED FOR BY THE LIFE TO BE INSURED

9.1 Do you have any existing insurance policy (ies) or have you applied for any insurance policy (ies) at any time? Yes (If yes, please give details below) No

9.2 Has any of your policy/ proposal (including riders) ever been rated-up/ postponed/ declined on application or revival? Yes (If yes, please give details below) No

Policy/ Proposal No.	Company Name (including Kotak Life Insurance)	Sum Assured On Death	Acceptance Terms (Std./With Extra / Postponed / Declined / Not Completed)	Whether In Force/Lapsed (Mention year of Lapse/ Revival applied for)

10. PERSONAL HEALTH DETAILS OF THE LIFE TO BE INSURED AND PROPOSER (Details for Proposer to be filled when there is Sum at Risk on Proposer's life)

PARTICULARS	LIFE TO BE INSURED	PROPOSER						
10.1 HEIGHT	<input type="text"/> <input type="text"/> <input type="text"/> cms OR <input type="text"/> <input type="text"/> <input type="text"/> feet <input type="text"/> <input type="text"/> inches	<input type="text"/> <input type="text"/> <input type="text"/> cms OR <input type="text"/> <input type="text"/> <input type="text"/> feet <input type="text"/> <input type="text"/> inches						
WEIGHT	<input type="text"/> <input type="text"/> <input type="text"/> kgs	<input type="text"/> <input type="text"/> <input type="text"/> kgs						
10.2A Have you Gained or Lost Weight (more than 10 kgs)in the last 1 year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify Gain <input type="text"/> <input type="text"/> <input type="text"/> Kgs OR Loss <input type="text"/> <input type="text"/> <input type="text"/> Kgs	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify Gain <input type="text"/> <input type="text"/> <input type="text"/> Kgs OR Loss <input type="text"/> <input type="text"/> <input type="text"/> Kgs						
10.2B If Yes, please specify reason for Gain/Loss								
10.3 LIFESTYLE DETAILS OF THE LIFE TO BE INSURED	CURRENT USAGE				PAST USAGE			
	Current Usage	If YES, form of consumption	Since When	Average usage per day	Past Usage	If YES, form of consumption	Past average usage per day	Reasons for giving up
	Tobacco	Cigarette/ Beedi/ Chewing Tobacco/ Tobacco Toothpaste				Cigarette/ Beedi/ Chewing Tobacco/ Tobacco Toothpaste		Doctor's Advice / Others
	Alcohol ⁸	Beer/ Wine/ Hard Liquor				Beer/ Wine/ Hard Liquor		Doctor's Advice / Others
	Any Narcotics (For medical/ recreational purposes)							Counseling, Rehabilitation etc

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

11. MEDICAL HISTORY OF THE LIFE TO BE INSURED AND PROPOSER (Details for Proposer to be filled when there is Sum at Risk on Proposer's life)

QUESTION	LIFE TO BE INSURED		PROPOSER	
11.1 Have you ever suffered from, received/receiving treatment or advice for any of the following conditions, diseases or impairments ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) Any cancer, tumour, cyst or unusual growth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) High blood pressure (hypertension), low blood pressure (hypotension), diabetes, raised cholesterol, stroke, chest pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Any cardiovascular diseases/ disorders, coronary artery disease or any form of heart ailment or rheumatic heart disease etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Any respiratory diseases/ disorders like asthma, bronchitis, pulmonary TB, lung ailment, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Any genitourinary diseases / disorders like calculus of kidney/ ureter, acute chronic kidney diseases etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Any digestive system disease/ disorders like ulcers, haemorrhoids, diseases of gall bladder or intestine etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Epilepsy, mental or nervous disorder including depression?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) HIV infection, AIDS related or any other sexually transmitted disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Any other disorder/ disease not mentioned above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.2 In last 3 years :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) Have you remained absent from work for at least 10 consecutive days or admitted in hospital for at least 5 consecutive days for any illness, injury or disorder ? (Please ignore normal pregnancy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have you been treated or are currently undergoing or have been advised treatment from a doctor or specialist or undergone any cardiological, radiological or pathological tests (excluding routine health check-ups not being follow ups)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.3 Do you have any physical deformity or mental ailment, blindness, deafness, mutism etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.4 Have you ever had persistent fever, unexplained infection or swollen glands in the last one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.5 Have you ever been diagnosed with any form of congenital anomalies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.6 Are you currently receiving or considering receiving medical attention or taking any prescribed drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.7 For Females Lives Only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Are you currently pregnant? (If yes, please mention the month of pregnancy).....Months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) Have you ever suffered from or are currently suffering from any complication of pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii) Have you ever suffered from or suffering or are currently suffering any diseases of breast/ uterus/ cervix?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.8 If your answer is "Yes" to any of the above questions kindly give details				

12. FAMILY HISTORY OF THE LIFE TO BE INSURED

12.1	LIVING				DECEASED			
	AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH	AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
Father								
Mother								
Spouse								
Children								

12.2A Have your parents / brothers / sisters / spouse / children ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer, kidney disease or paralysis, or any hereditary / familial disorders, tuberculosis, or any contagious diseases such as hepatitis, AIDS / HIV etc. ? Yes No

12.2B If your answer is 'Yes' to the above question, kindly give details:

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 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: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.

13. 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 irrevocably authorize any organization, institution or individual that has any records or knowledge of my health or medical history, employment, business, income or other details as may be required or considered relevant to divulge to the Company and the Company to divulge the same to any organization, institution or individual in connection with this proposal form and subsequently. I agree to undergo all medical tests including blood tests involving HIV antibodies 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.

(Applicable for non tobacco users opting for Kotak Preferred Term Plan or Kotak Preferred Term Benefit)

I hereby declare, that I have not consumed tobacco in any form (smoking, chewing etc.) during the past 12 months and do not have any intention of consuming tobacco in any form in the future. I am aware that any false statement regarding my use of tobacco would render the contract void and lead to loss insurance cover.

Please paste latest self-signed photograph of the Proposer

Signature / Right Thumb Impression of the Proposer (if different from the life to be insured)

Place

Date

Signature / Right Thumb Impression of the life to be insured (or Guardian, if the life to be insured is a minor)

Place

Date



A JOINT VENTURE WITH OLD MUTUAL

Faidey ka insurance



Application No.: **KP**

ACKNOWLEDGEMENT*

Agent ID (Life Advisor/Corporate Agent/ Broker/Relationship Officer)

Received from Mr./Ms.

Insurance Limited along with ₹

Dated Drawn On

by way of Cash Deposit Dated with Kotak Life Insurance

Date:

Date

the proposal for Life Insurance with Kotak Mahindra Old Mutual Life

by way of Cheque**/DD** no.

Bank, Branch OR

Branch.

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".

Proposer's Witness :

Name : Date :

Kotak Mahindra Old Mutual Life Insurance Ltd. Witness:

Name : Date :

Signature of Witness

Signature

14. 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 Signature / Right Thumb
Impression of the Proposer**15 DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages)**

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 Telephone No. Date

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 Proposer(Signature of the Life Advisor/Specified person of Corporate Agent
/Authorised Employee of Broker/ Relationship Officer)**16. 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) Agent ID
(Life Advisor/Corporate Agent/Broker/Relationship Officer) Place Date Telephone No. (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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

PF01-0601-ENG//PRN/100K/ok/OCT/11/001/AL/7/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.**

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ECS MANDATE / DIRECT DEBIT FORM

ECS / Direct Debit option is a mandate to automatically pay your renewal premiums by debit to the bank account specified by you, on/around the due date.

1. PARTICULARS OF THE PROPOSER

Title	Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	E-MAIL		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>

Telephone (With STD Code)

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

2. POLICY DETAILS

POLICY NO.	<input type="text"/>	Start Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Modal Premium Amount	<input type="text"/>	End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PREMIUM AMOUNT WITH UPPER LIMIT	<input type="text"/>	FREQUENCY	<input type="checkbox"/> YEARLY	<input type="checkbox"/> HALF-YEARLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY			

3. DETAILS OF BANK ACCOUNT

First Account Holders Name (As in bank record)

Bank Account holder Relationship with Policyholder Self Spouse HUF Sole Proprietor Partner

In case proposer and Life Insured is different, only proposer/ Life Insured can be bank account holder

IN CASE OF SPOUSE & HUF, THIRD PARTY PREMIUM PAYMENT RELATED DOCUMENTS ARE SUBMITTED YES

IN CASE OF SOLE PROPRIETORSHIP OR PARTNERSHIP, DECLARATION IS SUBMITTED. YES

Joint/ Second Account Holder Name (As in bank record)

If joint account is not an either or survivor account both accountholder's signatures are mandatory

IN CASE OF JOINT ACCOUNT PLEASE SELECT WHETHER IT IS EITHER OR SURVIVOR ACCOUNT. YES

Bank Name Branch

City

9 Digit MICR Code If MICR code starts from "000" please obtain correct MICR code from your branch.

Account No Account Type: Saving Current Cash Credit

4. YES, I HAVE ATTACHED THE BLANK CANCELLED CHEQUE OR PHOTOCOPY OF BLANK CHEQUE WITH NAME & ACCOUNT NUMBER PRINTED OTHERWISE BANK ACCOUNT STATEMENT OR PASSBOOK COPY PROVIDED ALONG WITH CHEQUE.

5. DECLARATION ECS MANDATE / DIRECT DEBIT

I hereby declare that the above informations are correct and complete. I acknowledge that I have read, understood and agree to be bound by the "Terms and Conditions" detailed in this application form, as are currently in effect and as may be amended from time to time. I wish to avail of the ECS/Direct Debit facility and hereby express my unconditional consent to debit my insurance premium from above mentioned account through Electronic Clearing System / Direct Debit. I/we authorize the bank to honour all such instructions. I/we authorize the representative of the Company to get this mandate verified and registered with you. Mandate Verification Charges (if any) may be charged to my/our account.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory	Mandatory	Mandatory
Signature of Policyholder (As On Policy Application)	* Signature of First account holder (As per bank records)	Signature of Second Account Holder (As per bank records)

If Joint Account is not an either or survivor account

Date

Place

* In case of Current a/c on company name please affix proprietors or company stamp on mandate.

6. CERTIFICATION BY ACCOUNT HOLDER BANK

Certified that the above account is currently operational and the particulars furnished above are correct as per our records and we have noted the instructions.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signatory	Bank Stamp	Date

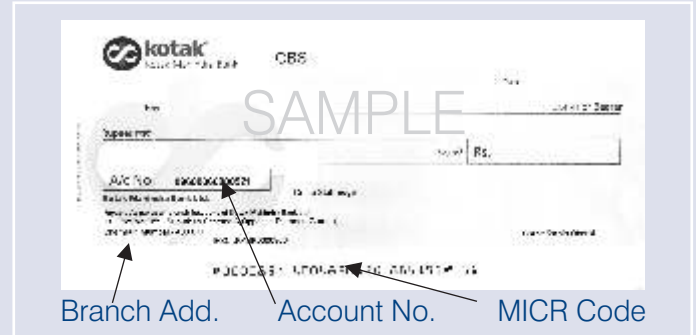
7. FOR OFFICIAL USE ONLY

Branch Name	<input type="text"/>	Branch Code	<input type="text"/>
Name of Branch Coordinator	<input type="text"/>	Signature of Branch Coordinator	<input type="text"/>
Date	<input type="text"/>		

8. ECS FACILITY IS CURRENTLY OPERATIONAL IN CITIES GIVEN BELOW:-

ECS LOCATIONS

Agra	Bikaner	Goa/Panaji	Jamshedpur	Mumbai	Shimoga	Tirupati	Udupi
Ahmedabad	Burdwan	Gorakhpur	Jodhpur	Mysore	Siliguri	Tirupur	Vadodara/Baroda
Allahabad	Chandigarh	Gulbarga	Kakinada	Nagpur	Solapur	Trichy (Tiruchirappalli)	Varanasi
Amritsar	Chennai	Guwahati	Kanpur	Nasik/Nashik	Surat	Trivandram (Thiruvananthapuram)	Vijaywada (Buchingampet)
Anand	Coimbatore	Gwalior	Kochi(Cochin)	Nellore	Thrissur (Trichur)	Tumkur	Vizag (Visakhapatnam)
Asansol	Cuttak	Hassan	Kolhapur	Patna	Tirunelveli	Udaipur	
Aurangabad	Davangere	Hubli	Kolkata	Pondichery			
Bangalore	Dehradun	Hyderabad	Kota	Pune			
Belegaum	Delhi	Indore	Kozhikode (Calicut)	Raichur			
Bhavnagar	Dhanbad	Jabalpur	Lucknow	Raipur			
Bhilwara	Durgapur	Jaipur	Ludhiana	Rajkot			
Bhopal	Erode	Jalandhar	Madurai	Ranchi			
Bhubaneswar	Gadag	Jammu	Mandya	Salem			
Bijapur	Gangtok	Jamnagar	Mangalore	Shimla			



9. You Can Avail The Direct Debit Facility For Below Given Banks In Any Locations in India.

10. TERMS & CONDITIONS

The Electronic Clearing System/Direct Debit is offered by Kotak Mahindra Old Mutual Life Insurance Ltd., under arrangement with the Tech Process Solutions Ltd. and is subject to the following terms and conditions:

- These terms and conditions form an unconditional agreement between the Policyholder and the Company and/or the Service. By exercising the option to avail the facilities, the Policyholder acknowledges having understood and accepted these terms and conditions.
- By opting for the elected facility/facilities, the Policyholder elects to make the payment of renewal premiums to the Company from the Policyholders' Bank Account through the Service or any other payment utility site that the Company may tie up with from time to time.
- On the Policyholder electing the option/mode to pay the renewal premiums, the same, unless revoked and/or modified by him/her subsequently by a 30 days prior written notice to the Company shall be valid and binding on the Policyholder. The Policyholder agrees that he/she shall remain liable for all the instructions and transactions that have been submitted by him/her or processed under his/her account prior to the date of Policyholder obtaining Company's acknowledgment to the said Notice.
- The Company would be entitled, at its sole discretion, to seek offline written or other confirmation from the Policyholder on renewal premium payments as it may in its discretion deem fit.
- The records of the Company and/or the Service, on the renewal premium payments, maintained through computer systems or otherwise, shall be accepted as conclusive and binding for all purposes and shall be conclusive proof of the genuineness and accuracy of the same and binding for all purposes and can be used as evidence in any proceedings.
- The Policyholder acknowledges that he/she is eligible to avail the facilities and agrees to provide true, accurate, correct and complete information as required by the Company and to keep the same updated and current at all times.
- The Policyholder agrees that the facilities will be available to him/her, subject to and upon receipt of confirmation by the Company and/or the Service from the Policyholders' bank of the details furnished by him/her in this application.
- The Policyholder agrees that it shall solely be his/her responsibility to schedule his/her renewal premium payments in a manner that the Company receives the renewal premiums within the due dates as specified in the relevant Policy Contract(s) and that in the event of a late payment he/she shall be liable for the late payment charges and other consequences as may be enforced by the Company.
- The Policyholder expressly understands and agrees that if two (2) successive payments/instructions in case of quarterly premium payment mode or any one (1) payment/instruction in case of half yearly /yearly premium payment mode, are not received/honored, the Company reserves the right to automatically cancel/withdraw the facilities forthwith without notice.
- The Policyholder further agrees that the Company and/or the Service will not be responsible or liable if it is unable to effect any of his/her payment instructions owing to (a) incomplete, inaccurate, invalid or delayed submission of details by Policyholder (b) insufficient funds to cover Policyholder's transactions (c) encumbrance or charge on Policyholder's account or (d) events beyond the control of the Company and/or the Service.
- The Policyholder expressly understands and agrees that the Company and/or the Service disclaims all warranties of any kind whether express or implied including without limitation any representation or warranty regarding the use of the result of the facilities in terms of its correctness, accuracy, reliability, usefulness, completeness, continuity, uninterrupted access, timeliness or otherwise. Policyholder expressly understands and agrees that he/she assumes total responsibility and risk for his/her access and use of the facilities.
- The Policyholder expressly understands and unconditionally agrees that he/she will not hold the Company and/or the Service liable for any direct, indirect, punitive, incidental, special or consequential damages whatsoever, including but not limited to damages or losses resulting from (a) the use or performance or inability to use or non-performance of the facilities (b) the provision of or failure to provide the facilities (c) the unauthorised access to or alteration of the transmission or data (d) such transactions that are carried out on the Policyholder's instructions in good faith (e) any loss or damage incurred or suffered by the Policyholder due to any defect, error, failure or interruption in the provision of the facilities or (f) any other matter related to the facilities.
- The Policyholder agrees that the Company and/or the Service may from time to time make alterations, additions or deletions to these terms and conditions and that these shall be binding upon Policyholder and take effect from such date as may be intimated by the Company and/or the service. The Policyholder further agrees that he/she shall be deemed to have agreed, accepted and be bound by such altered terms and conditions
- The Policyholder agrees that in event he/she is dissatisfied with any portion of the facilities or with any of the terms and conditions or alterations thereto, his/her sole and exclusive remedy is to discontinue the use of the facilities.
- The Policyholder agrees that the laws of India shall govern this Agreement and in case of a dispute the matter will be settled as per the provisions of The Arbitration and Conciliation Act, 1996 and within the exclusive jurisdiction of the courts of Mumbai.
- The Policyholder agrees that he/she shall not use the facilities for any purpose that is unlawful or prohibited by these terms and conditions.
- The policyholder agrees that since the payment is being made through the bank, sending of renewal premium notice will not be necessary.
- The policy holder understands and agrees that premium amt may vary due to taxes and other statutory levies as may be applicable from time to time.
- The policy holder agrees that in the instance of direct debit/Ecs debit dishonor Kotak Mahindra Old Mutual Life Insurance Limited is authorised to re debit the mentioned account to recover the premium payable.
- Only Annual Premium certificate will be issued instead of individual receipt for all premiums paid through Electronic clearing system.
- Notwithstanding what is mentioned herein above, it is understood that the Company is extending such facilities to make it convenient for and facilitate the Policyholder to pay the renewal premiums and it is further acknowledged that the onus and liability to make such payments within the due dates specified in the relevant Policy Contract(s) vests solely and absolutely with the Policyholder.

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.

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