

**KOTAK PROPOSAL FORM (KPF)**

 APPLICATION NO.: **KP**

FORM ID NO : 10104050

 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  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"/>		<input type="text"/>	
	First Name	<input type="text"/>		<input type="text"/>	
	Middle Name	<input type="text"/>		<input type="text"/>	
1.4 MAIDEN NAME (in case of married female)	Surname	<input type="text"/>		<input type="text"/>	
	First Name	<input type="text"/>		<input type="text"/>	
	Middle Name	<input type="text"/>		<input type="text"/>	
1.5 FATHER'S / HUSBAND'S NAME	Surname	<input type="text"/>		<input type="text"/>	
	First Name	<input type="text"/>		<input type="text"/>	
	Middle Name	<input type="text"/>		<input type="text"/>	
1.6 NATIONALITY		<input type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <sup>1</sup> <input type="checkbox"/> Others (please specify)		<input type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <sup>1</sup> <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"/> 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"/> 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"/> Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate	
		<input type="checkbox"/> 12 <sup>th</sup> pass <input type="checkbox"/> 10 <sup>th</sup> pass <input type="checkbox"/> Below 10 <sup>th</sup>		<input type="checkbox"/> 12 <sup>th</sup> pass <input type="checkbox"/> 10 <sup>th</sup> pass <input type="checkbox"/> Below 10 <sup>th</sup>	
		<input type="checkbox"/> Others (please specify)		<input type="checkbox"/> Others (please specify)	
1.13 OCCUPATION CATEGORY		<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired		<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 (pls specify)		<input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others (pls 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"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt.	
		<input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others (pls specify)		<input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others (pls 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		<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional	
		<input type="checkbox"/> Others (please specify)		<input type="checkbox"/> Others (please specify)	

<sup>1</sup> 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>	
<b>1.15 PERMANENT RESIDENTIAL ADDRESS</b>	C/o or S/o or W/o		
	House/Flat No./Society		
	Street/Lane/Mohalla		
	Landmark		
	Area/Location		
	Village/Taluka/Tehsil		
	City/District		
	State	Pin	
<b>1.16 CURRENT RESIDENTIAL ADDRESS (If different from Permanent Residential Address)</b>	C/o or S/o or W/o		
	House/Flat No./Society		
	Street/Lane/Mohalla		
	Landmark		
	Area/Location		
	Village/Taluka/Tehsil		
	City/District		
	State	Pin	
<b>1.17 OFFICE ADDRESS (Company name and full address of present employer/ last employer for retired individuals)</b>	Name		
	Street/Lane		
	Landmark		
	Area/Location		
	City/District		
	State	Pin	
<b>1.18 PREFERRED MAILING ADDRESS</b>	<input type="checkbox"/> Permanent Residential <input type="checkbox"/> Current Residential <input type="checkbox"/> Office <input type="checkbox"/> Permanent Residential <input type="checkbox"/> Current Residential <input type="checkbox"/> Office		
<b>1.19 WORK DETAILS (present employment)</b>	a) No. of Years in Service    b) Designation    c) Nature of Work	a) No. of Years in Service    b) Designation    c) Nature of Work	
	d) Nature of Business of the Organization	d) Nature of Business of the Organization	
<b>1.20 TELEPHONE NUMBER (with STD Codes)</b>	Residence	Residence	
	Office	Office	
	Mobile	Mobile	
<b>1.21 E-mail ID</b>			
<input type="checkbox"/> Do your bit for green world & Switch to e-communication. Kindly ✓ mark if you would like to receive your communication only through electronic mode			
<b>1.22 IT ASSESSEE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>1.23 PERMANENT A/C NO. (PAN)</b>	<input type="checkbox"/> Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>1.24 IF PAN NOT AVAILABLE</b>	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applied for	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applied for	
<b>1.25 RELATIONSHIP TO LIFE TO BE INSURED</b>	NOT APPLICABLE		
<b>1.26 TOTAL EXISTING LIFE COVER (excluding this proposal) (in ₹)</b>	PLEASE REFER TO QUESTION NO. 9		
<b>1.27 Additional Details - Indicator for Residence / Tax status</b>	a) Place and Country of Birth	a) Place and Country of Birth	
	Place	Place	
	Country	Country	
	b) Are you a citizen of any other country also (dual / multiple) <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Are you a citizen of any other country also (dual / multiple) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c) Are you a resident (for tax purposes) of any other country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Are you a resident (for tax purposes) of any other country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No	
	d) Do you hold a green card of US or any similar card for any other country <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Do you hold a green card of US or any similar card for any other country <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If answer to any / all of the above is yes, please do fill all the details in the Insurance FATCA Declaration</b>		<b>If answer to any / all of the above is yes, please do fill all the details in the Insurance FATCA Declaration</b>	

1.28 Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository?  Yes  No1.29 If you have an eIA, provide details a) Name of Insurance Repository b) eIA No:  c) Name as appearing in eIA: 1.30 If you do not have an eIA, would you like to open an account?  Yes  No

If Yes, choose any one Insurance Repository:

- CAMS Repository Services Limited  NSDL Data Management Limited  
 Karvy Insurance Repository Limited  Central Insurance Repository Limited

**2. ADDITIONAL INFORMATION OF THE LIFE TO BE INSURED AND PROPOSER**

PARTICULARS	LIFE TO BE INSURED			PROPOSER (to be filled only if different from the life to be insured)		
<b>2.1 PROOF OF IDENTITY</b>	<input type="checkbox"/> Passport	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Ration Card	<input type="checkbox"/> 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 (plse. specify)	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Others (plse. specify)
<b>2.2 PROOF OF PERMANENT RESIDENCE</b> (in case both are different, proof of Permanent Residence Proposer only.)	<input type="checkbox"/> Telephone Bill <sup>2</sup>	<input type="checkbox"/> Electricity Bill <sup>2</sup>	<input type="checkbox"/> Passport	<input type="checkbox"/> Telephone Bill <sup>2</sup>	<input type="checkbox"/> Electricity Bill <sup>2</sup>	<input type="checkbox"/> Passport
	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Others (plse. specify)	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Others (plse. specify)
<b>2.3 PROOF OF CURRENT RESIDENCE</b> (in case both are different, proof Current Residence of Proposer only.)	<input type="checkbox"/> Telephone Bill <sup>2</sup>	<input type="checkbox"/> Electricity Bill <sup>2</sup>	<input type="checkbox"/> Passport	<input type="checkbox"/> Telephone Bill <sup>2</sup>	<input type="checkbox"/> Electricity Bill <sup>2</sup>	<input type="checkbox"/> Passport
	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Others (plse. specify)	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Others (plse. specify)
<b>2.4 SOURCE OF EARNINGS</b>	<input type="checkbox"/> Salary	<input type="checkbox"/> Business Income	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Salary	<input type="checkbox"/> Business Income	<input type="checkbox"/> Inheritance
	<input type="checkbox"/> Others (please specify)			<input type="checkbox"/> Others (please specify)		
<b>2.5 PROOF OF INCOME</b> (where sum of annualized premiums across all policies with KLI [including at proposal stage] is ₹ 1 Lakh or more)	<input type="checkbox"/> IT Returns	<input type="checkbox"/> Employer's Certificate	<input type="checkbox"/> Audited P/L Accts.	<input type="checkbox"/> IT Returns	<input type="checkbox"/> Employer's Certificate	<input type="checkbox"/> Audited P/L Accts.
	<input type="checkbox"/> Others (please specify)			<input type="checkbox"/> Others (please specify)		

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:		

<sup>2</sup>Maximum 6 months old**3. PARTICULARS OF THE PLAN PROPOSED**

3.1	NAME OF PLAN / RIDER	PREMIUM PAYMENT TERM (Yrs.)	POLICY TERM (Yrs.)	SUM ASSURED (₹) / MONTHLY INCOME <sup>2</sup> (₹)	MODAL PREMIUM (₹)
	BASIC PLAN				
	RIDER DETAILS (OPTIONAL) (please fill the Life Guardian Addendum where applicable)				
POLICY FEES <sup>3</sup> (IF ANY)					
GOODS AND SERVICES TAX AND CESS ON MODAL PREMIUM					
<b>TOTAL PREMIUM (ROUNDED OFF TO THE NEAREST RUPEE)</b>					

3.2 Frequency of Premium Payment  Single  Yearly  Half - Yearly  Quarterly  Monthly3.3 Premium Payment Term (Years)  Full Policy Term  Others (Pls specify)3.4 Plan option\*  Immediate Payout  Recurring Payout  3.5 Step Up Option\*  Yes  No3.6 For Kotak Premier Life Plan, please tick either of the bonus option  Cash Payout  Paid-Up Additions<sup>3</sup>Policy Fees applicable as per terms and conditions mentioned in the policy document.\*Applicable for Kotak Preferred Term Plan. Step-Up option is only available under regular premium payment option. <sup>2</sup>Applicable only for Kotak Income Protection Plan**4A. FUND DETAILS : FOR UNIT LINKED PLANS ONLY**4A.1 Please ✓ any one Investment Strategy option you want to opt for:  Self Managed Strategy  Systematic Switching Strategy (SSS)\*  Age Based Strategy  
 Combination of Self-Managed and Systematic Switching Strategy (available only with Kotak Invest Maxima)a. If Age Based Strategy is opted, please select your Risk Appetite (any one):  Aggressive  Moderate  Conservative

b. If any other Strategy has been chosen, please provide the fund details in the following table.

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

Strategy	Self Managed Strategy							Systematic Switching Strategy (SSS)*	Total
Funds	Classic Opportunities Fund	Frontline Equity Fund	Balanced Fund	Dynamic Bond Fund	Dynamic Gilt Fund	Money Market Fund	Dynamic Floating Rate Fund		100%
Allocation %									

Note: For the Segregated Fund Identification Number (SFIN), please refer to product brochure / leaflet / Benefit Illustration / visit the Kotak Life Insurance website for the same

d. If SSS has been chosen, specify the Fund Option (any one):  Classic Opportunities Fund  Frontline Equity Funde. If SSS is selected, 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           (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)

**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 <sup>5</sup>**

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

<sup>5</sup> 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.

<sup>6</sup> Please fill in the NRI / PIO Questionnaire.

**8. PARTICULARS OF APPOINTEE <sup>7</sup> / 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

<sup>7</sup> 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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						
<b>10.1 HEIGHT</b> <b>WEIGHT</b>	<input type="text"/> <input type="text"/> <input type="text"/> cms OR <input type="text"/> feet <input type="text"/> <input type="text"/> inches <input type="text"/> <input type="text"/> <input type="text"/> kgs	<input type="text"/> <input type="text"/> <input type="text"/> cms OR <input type="text"/> feet <input type="text"/> <input type="text"/> inches <input type="text"/> <input type="text"/> <input type="text"/> kgs						
<b>10.2A</b> 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						
<b>10.2B</b> If Yes, please specify reason for Gain/Loss	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>						
<b>10.3 LIFESTYLE DETAILS OF THE LIFE TO BE INSURED</b>	<b>CURRENT USAGE</b>				<b>PAST USAGE</b>			
	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	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cigarette/ Beedi/ Chewing Tobacco/ Tobacco Toothpaste	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cigarette/ Beedi/ Chewing Tobacco/ Tobacco Toothpaste	<input style="width:100%;" type="text"/>	Doctor's Advice/ Others
Alcohol <sup>8</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Beer/ Wine/ Hard Liquor	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Beer/ Wine/ Hard Liquor	<input style="width:100%;" type="text"/>	Doctor's Advice/ Others
Any Narcotics (For medical/ recreational purposes)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	Counseling, Rehabilitation etc.

<sup>8</sup>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)**

11.1 Have you ever suffered from, received/receiving treatment or advice for any of the following conditions, diseases or impairments ?	<b>LIFE TO BE INSURED</b>		<b>PROPOSER</b>	
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
<b>11.2 In last 3 years :</b>				
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
<b>11.3</b> 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
<b>11.4</b> 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
<b>11.5</b> 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
<b>11.6</b> 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
<b>11.7 For Females Lives Only</b>				
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
<b>11.8</b> If your answer is "Yes" to any of the above questions kindly give details				
<input style="width:100%; height:100%;" type="text"/>				

**12. FAMILY HISTORY OF THE LIFE TO BE INSURED**

12.1	LIVING		DECEASED			LIVING		DECEASED	
	AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH		AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
Father	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	Children  Sister/ Brother(s)	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>
Mother	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>		<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>
Spouse	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>		<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>
Children	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>		<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>

**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:

**13. DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR BY HIS/HER LEGAL GUARDIAN**

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.

Please paste latest self-signed photograph of the Proposer

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 as required by the Company's Underwriting Policy 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. I/We further agree, in case of fraud / misrepresentation by me / us, the Policy will be cancelled immediately by the Company in accordance with the Section 45 of the Insurance Act, 1938 and amendments thereto from time to time.

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 & Kotak Income Protection Plan)**

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.

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

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

Place \_\_\_\_\_

Place \_\_\_\_\_

Date

Date

Proposer's Witness :

Name : \_\_\_\_\_

Signature of Witness

Date :

\_\_\_\_\_

Kotak Mahindra Old Mutual Life Insurance Ltd. Witness:

Name : \_\_\_\_\_

Signature

Date :

\_\_\_\_\_

**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.

\_\_\_\_\_

Signature / Right Thumb Impression of the Proposer

Place \_\_\_\_\_

Date

**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. 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)

**SECTION 41 OF THE INSURANCE ACT, 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: (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

**SECTION 45 OF THE INSURANCE ACT, 1938:** The provisions of Section 45 of the Insurance Act, 1938 are applicable in the above contract. Please refer to Section 45 either on our website or contact our intermediary or visit the nearest branch for the full text.

**FREE LOOK PERIOD:** The policyholder is offered 15 days free look period for a policy sold through any of the channels (except for Distance Marketing Channel which will have 30 Days) from the date of receipt of the policy wherein the policyholder may choose to return the policy within 15 days / 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the plan and receive the applicable refund amount.

**Note:** Proposer is advised to read and understand the product features, benefits & risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s) available on the Company's website [www.insurance.kotak.com](http://www.insurance.kotak.com).

**AGENT'S CONFIDENTIAL REPORT**

1. Name of the Life to be Insured / Proposer: \_\_\_\_\_

2. Name of the Proposer (In case different from life to be insured) : \_\_\_\_\_

	LIFE TO BE INSURED	PROPOSER
A. How long have you known the Life to be insured / Proposer?	_____	_____
B. How have you been introduced to the Life to be insured / Proposer? - Long term relationship. No of years - Cold call - Referral if yes, Referred by name & contact details	_____	_____
C. When have you last met the Life to be insured / Proposer? ( DD/MM/YY )	_____	_____
D. Have you personally met the Life to be insured / Proposer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are you related to the Life to be Insured and Proposer? (If Yes, pls. mention the relationship & provide an MHR from Sales Manager)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. What is the purpose of taking insurance?	_____	_____
G. Are you satisfied with the Financial condition and income earning capacity of the Life to be insured / Proposer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Does the Life to be insured/ proposer have the capacity to pay premium for the entire Premium paying term	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Are you aware of any illness, impairment, adversity or physical or mental abnormality which the Life to be insured is suffering from? (If yes, give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Have you explained the Product features, benefits & the premium paying term for the plan applied by the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Is there any other additional information you would like to provide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Do you recommend the proposal for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of the Advisor \_\_\_\_\_

Dated           Place \_\_\_\_\_

(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. 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)



**ACKNOWLEDGEMENT FOR FRESH PROPOSAL\***  
(Any cash payment should only be made at the cash counter of nearest Kotak Life Insurance branch)

APPLICATION NO.: **KP**

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

Date

Received from Mr./Ms. \_\_\_\_\_ the proposal for Life Insurance with Kotak Mahindra Old Mutual Life

Insurance Limited along with ₹ \_\_\_\_\_ by way of Cheque\*\*/DD\*\* no. \_\_\_\_\_

Dated           Drawn \_\_\_\_\_ Bank, \_\_\_\_\_ Branch

Date:           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 is not a money receipt and cannot be used for collection of renewal premium or any other purpose. This acknowledgement is merely an acknowledgement for receipt of fresh proposal. 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".

NAME OF SALES MANAGER	NAME OF SALES ASSOCIATE	PROMOTION CODE	NAME OF BOE
SALES MANAGER ID	SALES ASSOCIATE ID	PARTNER CODE	BRANCH NAME
D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES ASSOCIATE	SIGNATURE	SIGNATURE OF BOE

**Kotak Mahindra Old Mutual Life Insurance Ltd.**

IRDAI Regn. No. 107, CIN : U66030MH2000PLC128503,  
 Regd. Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.  
<http://insurance.kotak.com/>

PF01-0802-ENG/PRN/80K/JUL/14

**FOR YOUR REFERENCE**

1. 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.
2. 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.
3. In case of non-receipt of your PDR or for any clarification, kindly contact nearest Branch of Kotak Life Insurance.
4. For further assistance, do write to us at [clientservicedesk@kotak.com](mailto:clientservicedesk@kotak.com)



[clientservicedesk@kotak.com](mailto:clientservicedesk@kotak.com)  
<http://insurance.kotak.com>

**Kotak Mahindra Old Mutual Life Insurance Ltd.**

IRDAI Regn. No. 107, CIN : U66030MH2000PLC128503,  
 Regd. Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.  
<http://insurance.kotak.com/>



**AUTO DEBIT INSTRUCTION FOR ECS/DD/NACH**  
**PLEASE FILL THE FORM IN BLOCK LETTERS**

FO\PS\ECS Form\010

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

**1. PARTICULARS OF THE POLICY HOLDER (Life Insured for Self-Proposed policy, Proposer for Proposed Policy, Assignee for assigned policy)**

Title	Surname	First Name	Middle Name

**POLICY DETAILS**

Policy No.  Premium Payment Mode  Yearly  Half-Yearly  Quarterly  Monthly

Modal Premium Amount  (Refer T&C Point No.17) Email:

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

**BANK ACCOUNT HOLDER RELATIONSHIP WITH POLICYHOLDER**

Self  Spouse  HUF  Parents/Grandparents/Children  Sole Proprietorship concern of Self/Spouse  Proprietorship concern of Parents/Grandparents/Children

Note: Parents, Grandparents, children or proprietorship concern of Parents/Grandparents/Children can be accepted as Third Party Premium Payers (TPPP) upto a limit of Rs. 50,000 annualised premium.

For Proposed policies, auto debit instruction shall be accepted only from Life Insured's or Proposer's bank account or their sole proprietorship concerns only and not where any third person is the bank account holder, except for cases where Life Insured is a minor and Proposer is Parent/ Grand Parent of the minor.

For Third Party Premium Payer (TPPP) cases, TPPP Declaration and duly self-attested KYC & AML documents as detailed in T&C Point No. 29 are enclosed.

TPPP declaration is not required where debit mandate is received from Life Insured's individual or Joint account or that of a Sole Proprietorship concern.

For debit mandate being effected from Sole proprietorship account, Sole Proprietorship declaration is submitted

YES

YES

YES

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

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

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

**2. PREFERRED DATE FOR PREMIUM AUTO DEBIT (Optional)**

Non Monthly Mode:  Day of Month

In Monthly Mode cases, Preferred ECS / NACH Debit Date will depend upon the Risk Commencement Date of Policy, as per below given table (PLEASE TICK MARK BELOW):

Policy Commencement Date (falling during day of month)	1-5	6-10	11-15	16 - 20	21 - 25	26 - 31
Preferred ECS / NACH Debit Date	5	10	15	20	25	1

YES, I have enclosed Cancelled Cheque with Preprinted Account Holder Name & Bank Account Number.

YES, I have enclosed Bank Account Statement/ Pass Book Copy along with Cancelled Cheque (only if, A/C Details are not Preprinted on the Cancelled Cheque)

**3. CERTIFICATION BY ACCOUNT HOLDER'S BANK**

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

Authorised Signatory  Bank Stamp  Date

**POLICY HOLDER DECLARATION FOR ECS/DD/ NACH**

I/we hereby declare that the above information is correct and complete. I/we acknowledge that I/we has/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/we wish to avail of the ECS/Direct Debit/NACH facility and hereby express my/our unconditional consent to debit my/our insurance premium from above mentioned account through Electronic Clearing System / Direct Debit / NACH. 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.

**FOR OFFICIAL USE ONLY**

Branch Name

Branch Code

Name of Branch Coordinator

Date

Signature of Policyholder

Signature of Branch Coordinator

**MANDATE INSTRUCTION FOR NACH / ECS / DIRECT DEBIT**

UMRN  Office use only  Date

Tick (✓) Sponsor Bank Code  Office use only  Utility Code  Office use only

CREATE  I/We hereby authorize **Kotak Mahindra Old Mutual Life Insurance** to debit (tick ✓)  SB /CA /CC /SB-NRE /SB-NRO /Other

MODIFY  Bank a/c number

CANCEL

with Bank  Clients Bank Name  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1  Policy Number  Phone No.  Please Do Not Fill

Reference 2  Email ID  Please Do Not Fill

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

**PERIOD**

From  Signature Primary Account holder  Signature of Account holder  Signature of Account holder

To

Or  Untl Cancelled

1.  Name as in bank records (Mandatory) 2.  Name as in bank records (Mandatory) 3.  Name as in bank records (Mandatory)

In case of current a/c on company name please affix proprietor's stamp on above signature section. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity /corporate or the bank where I have authorize the debit.

### 3. ECS FACILITY IS CURRENTLY OPERATIONAL IN CITIES GIVEN BELOW:

#### ECS LOCATIONS

Agra	Bangalore	Delhi	Indore	Kanpur	Nasik	Rajkot
Ahmedabad	Baroda	Dhanbad	Jabalpur	Kolhapur	Panjim	Ranchi
Allahabad	Bhavnagar	Erode	Jammu	Lucknow	Patna	Solapur
Anand	Bhopal	Gorakhpur	Jamnagar	Mumbai	Pune	Surat
Aurangabad	Dehradun	Gwalior	Jamshedpur	Nagpur	Raipur	Varanasi

#### RECS services can be availed across all CBS bank branches in below states, irrespective of bank branch location

Andhra Pradesh	Arunachal Pradesh	Assam	Haryana	Himachal Pradesh	Karnataka	Kerala
Manipur	Meghalaya	Mizoram	Nagaland	Orissa	Punjab	Rajasthan
Sikkim	Tamilnadu	Tripura	Union Territory of Chandigarh		West Bengal	

### 4. YOU CAN AVAIL THE DIRECT DEBIT FACILITY FOR BELOW GIVEN BANKS IN ANY LOCATION IN INDIA.

■ Allahabad Bank ■ Axis Bank ■ Bank of Baroda ■ Bank of India ■ Bank of Maharashtra ■ Citi Bank ■ Federal Bank ■ ICICI Bank  
■ IDBI Bank ■ Karnataka Bank ■ Kotak Mahindra Bank ■ State Bank of India ■ Union Bank of India ■ United Bank of India ■ Punjab National Bank

### 5. TERMS & CONDITIONS

The Electronic Clearing System/Direct Debit/Automated Clearing House (NACH) is offered by Kotak Mahindra Old Mutual Life Insurance Ltd. (KLI), 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 KLI 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 KLI from the Policyholder's Bank Account through the Service or any other payment utility site that KLI 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 at least 15 days prior written notice to KLI, 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 KLI's acknowledgment to the said Notice.
- KLI 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 KLI 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 KLI 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 KLI and/or the service from the Policyholder's 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 KLI 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 KLI.
- 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, KLI reserves the right to automatically cancel/withdraw the facilities forthwith without notice.
- The Policyholder further agrees that KLI 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 KLI and/or the Service.
- The Policyholder expressly understands and agrees that KLI and/or the Service disclaims all warranties of any kind whether expressed 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 KLI 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 KLI 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 KLI 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 understands and agrees that premium amount may vary due to taxes and other statutory levies as may be applicable from time to time. In order to ensure hassle-free processing, policyholder hereby authorizes KLI to set the amount with 10% (or as suggested by KLI) over and above the modal premium. Rest assured that only the due premium amount will be debited on the due date. The customer may still be asked to submit a fresh ECS/DD/NACH form if the variation in amount is greater than the buffer.
- Policy holder agrees that in case of any payout to be made to the customer, KLI reserves the rights to use any alternate option to process the same such as Cheque/ NEFT/RTGS, etc.
- The policyholder agrees that in the instance of Direct Debit/ECS/NACH debit dishonor, Kotak Mahindra Old Mutual Life Insurance Limited is authorised to re debit the mentioned account to recover the premium payable.
- The policyholder understands that in order to avail the re-debit facility, KLI may present the debit instruction to the customer's bank on an "as & when presented" basis
- Only annual premium certificate will be issued instead of individual receipts for monthly mode cases wherein premium is paid through ECS/NACH/DD.
- Notwithstanding what is mentioned herein above, it is understood that KLI 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.
- Registration of the Mandate will take 45 days but would also depend on the customer's bank and in order to avoid lapsation of policy customer has to pay two advance premium for monthly mode and one advance premium for non-monthly modes.
- The policyholder agrees that since the payment is being made through the bank, sending of renewal premium notice will not be necessary.
- The preferred ECS/DD/NACH date is only for the purpose of debiting the premium amount from client's account.
- NAV will be applicable as on the date of credit received to Kotak Life Insurance or premium due date whichever is later.
- All policy benefits would be applicable as per the premium due date mentioned in the policy document.
- Original cancelled cheque is mandatory for Direct Debit facility with IDBI Bank.
- The documents that need to be submitted towards KYC/ AML include photo identity proof (mandatory), recent coloured passport size photograph & recent address proof (where combined annualized premium across policies is greater than Rs. 10,000), latest income proof (where combined annualized premium is Rs. 1Lac or above), PAN Card copy or Form 60/61, as applicable in duplicate, where combined annualized premium is Rs. 49,500 and above.

**Note:** In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit a Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?

I/We confirm that I/we shall report any future changes in my/our tax status to Kotak Life Insurance within 30 days of such change. I/We also confirm that until I/we provide a written intimation about any such changes, Kotak Life Insurance may presume that there is no change in my/our tax residency status and consider my/our earlier submitted declarations, if any, as valid. I understand that for any queries about my/our tax residency, I/we have to consult my/our own tax consultant.

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