



POLICY LOAN FORM

INSTRUCTIONS

GENERAL INFORMATION

- 1. Please fill this form in BLOCK LETTERS using black or blue ink.
- The Assignor stands for policy owner and the Assignee stands for "Kotak Mahindra Life Insurance Company Ltd"
- 3. This loan can be availed after the policy acquires surrender value. Applicable interest rate is 9.09328% p.a.compounded half yearly.
- 4. A third party, who must be a major, other than the Assignor and the Assignee, must witness the signatures or thumb impression
- 5. This form shall not be effectual against the company unless it is duly completed and delivered to Kotak Life Insurance
- 6. The policy Loan form must be sent to "Kotak Life Insurance", The Policy Servicing Department, 7th Floor, Kotak Infiniti, Building No. 21, Raheja Infinity park, Off Western Express Highway, Goregaon Mulund Link Road, Malad (E) Mumbai-400097
- Loan can be availed only in Inforce, Premium Paying, Fully Paid and Single Premium status
- 8. The minimum eligibility of loan value is Rs. 10,000

Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an Insurance FATCA Declaration, separately. 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.

Name of the policyholder (as stated in the policy document)	
Name of the Plan:	
Policy No.:	Premium(p.a.) Rs.
Sum Assured (Rs.)	
Date of Issue of the policy:	
PARTICULARS OF LOAN (Please tick any one of below)	
Maximum Loan amount available Amount of Loan required (I	Please specify)
DIRECT CREDIT DETAILS (Loan will be issued through Direct Credit)	
Name of the Bank:	
Bank A/c No.:	IFSC code:
Name of the policy holder in the Bank A/c:	
* Cancelled cheque required for Direct Credit	
PARTICULARS OF THE ASSIGNOR	
Title(Mr./Ms./Mrs.) Surname	First name Middle name
Correspondance Address :-	
	City/Village
State	Pin Code
Telephone Numbers (With STD Codes)	
Residence	Office
Mobile	E mail
Do your bit for a greener world by switching to e-communication. Kindly for all your policies.	tick if you would like to receive your communication through electronic mode
	ereby absolutely and irrevocably transfer and assign the rights and the benefits of
the said policy to "Kotak Life Insurance" and hereby given a notice of the sam	Signature of the Assignor: (In case of company, please affix company stamp counter signed by authorized signatory)

Consideration details:																	
Assignment for a valuable consumptions of the Loan-	sideration of Rs		(Con	sideratio	n amoui	nt is mar	ndatory))									
PARTICULARS OF THE AS	SIGNEE																
Name of the company																	
KOTAK MAHINDRA LIFE	INSURANCE CO	MPANY :	LTD.														
Address: - Policy Servicing Do Off Western Expres State: Maharashtra Pincode: 400097 Phone Number (To Fax Number: 022 E mail: clientservi	ss Highway. Gorega a oll Free):1800 209 -66200550	on Muluno								Sig	nature o	f the A	Assigne	e:			
Dated this	- day of	- day of ,20 .							(Please affix company stamp counter signed by authorized signatory)								
PARTICULARS OF THE W																	
Title(Mr./Ms./Mrs.)	Surname First name							Middle name									
Address :-																	
							G!	/s 2111									
a							City	y/Villag	ge								
State										1	Pin Coo	ie					
Telephone Numbers (With S'	TD Codes)						0.00										
Residence Mobile							Office E mai										
Enclosed herewith is: 1. Cancelled cheque DECLARATION BY THE PER	SON FILLING THE	FORM (A	Annlicah	le only w	nere forn	n is filled	l in by a	scribe (case of co counter	signed b	y auth	orized	signat		шр	
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do declare that I have explained	the nature of the qu	estions cor	ntained i			ie policy	nonder	ioi a pe	1100 01								
Place	•									Date		M	Μ	Y			
	Flat /Building																
Address of Scribe	Road /Sector Area Landmark City State				Pin				Signature of Scribe								
Regd Office	e: Kotak Mahindra Lif	IRDAI 1	Regn No Compan	dra Lif . 107, CIN ny Ltd., 2r .ttps://insu	l: U66030 d Floor, l	0MH2000 Plot # C-1	OPLC12	8503,									
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We acknowledge the reciept o	f your request for _						licy nur	mber _						_			
Branch Name and code					Date D		И М				Sig	gnatu	re of l	oranc	h offi	cial	
Name of Operations Executive	e																

Kotak Mahindra Life Insurance Company Ltd.