First ration details:															
ent for a valuable cons	ideration of Rs	((Considerat	tion amo	ount is r	mandate	ory)								
Purpose of the Loan-															
PARTICULARS OF THE AS	SSIGNEE														
Name of the company															
KOTAK MAHINDRA LIFE															
Address: Policy Servicing De Off Western Expres State: Maharashtra Pincode: 400097 Phone Number (To Fax Number: 022- E mail: clientservi	ss Highway. Gorega a bll Free):1800 209 8 -66200550	on Mulund Li						(Plane		gnature of company s			signed	hw	
Dated this day of										authorized			ngneu	IJy	
PARTICULARS OF THE W	ITNESS														
Title(Mr./Ms./Mrs.)	First name					Middle name									
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1. Cancelled cheque															
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Regd Office	: Kotak Mahindra Life	Kotak Ma IRDAI Rega Insurance Con	n No. 107, C	CIN: U660 2nd Floo	030MH2 r, Plot #	2000PL0 C-12, G	C128503,		dra (E),	Mumbai	- 400 0	51.			
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We acknowledge the reciept of	f your request for		71CIMIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			number .								
Branch Name and code				Date	Y Y	Y	Sign	nature (of bra	nch of	ficial				
Name of Operations Executive	e														
*		Kotak Ma	hindre I	ifa Inc	urange	a Com	nony I	td							