

Consideration details:

Assignment for a valuable consideration of Rs _____ (Consideration amount is mandatory)

Purpose of the Loan- _____

PARTICULARS OF THE ASSIGNEE

Name of the company

KOTAK MAHINDRA LIFE INSURANCE COMPANY LTD.

Address :- Policy Servicing Department, 7th Floor, Kotak Infiniti, Building No.21, Raheja Infinity park,
Off Western Express Highway, Goregaon Mahand Link Road, City : Malad (East), Mumbai
State : Maharashtra
Pincode : 400097
Phone Number (Toll Free): 1800 200 8800
Fax Number : 022 46200550
E mail : clientservicedesk@kotak.com

Signature of the Assignee:
(Please affix company stamp counter signed by
authorized signatory)

Dated this _____ - day of _____, 20 _____

PARTICULARS OF THE WITNESS

Telephone No./M/s)

Surname

First name

Middle name

Address :-

State

City/Village

Pin Code

Telephone Numbers (With STD Codes)

Residence

Office

Mobile

E mail

Signature of the Witness:
(In case of company, please affix company stamp
only)

Enclosed herewith is:

1. Cancelled cheque


DECLARATION BY THE PERSON FILLING THE FORM (Applicable only where form is filled in by a scribe or:

I, _____ having known the policy holder for a period of _____
do declare that I have explained the nature of the questions contained in this form.

Place

Date: D D M M Y Y Y Y

Address of Scribe

Flat/Building

Road /Sector

Area

Landmark

City

State

Pin

Sign Here

Signature of Scribe