Consideration details:													
Assignment for a valuable cons Purpose of the Loan-	sideration of Rs	(Considera	tion amount is manda	ntory)									
PARTICULARS OF THE AS	SSIGNEE												
Name of the company													
KOTAK MAHINDRA LIFE	INSURANCE COMP	ANY LTD.											
State: Maharashtra Pincode: 400097 Phone Number (To Fax Number: 022	ss Highway. Goregaon I a foll Free):1800 209 880	Mulund Link Road, ((Planca		iture of			mad by			
Dated this	day of						(Please affix company ter signed by authorized signatory)						
PARTICULARS OF THE W	ITNESS												
Title(Mr./Ms./Mrs.)	Surname		First name					Middle	e name				
Address :-													
Address													
				City/Villa	go.								
G				City/ villa	ge	ъ.	G 1						
State						Pii	1 Code						
Felephone Numbers (With S	TD Codes)												
Residence Office													
Mobile			E	E mail									
Enclosed herewith is: 1. Cancelled cheque							gned by a		0	atory)			
DECLARATION BY THE PER	SON FILLING THE FO						acular	langua	ges)				
I,do declare that I have explained	ld cd d		g known the policy ho	older for a po	eriod of _								
•	the nature of the question	ons contained in this i	orm.		D	nta D		MA					
Place					D	ale D				1 1			
	Flat /Building												
	Road /Sector						Sig	ın I	Hei	e			
Address of Scribe							Signa	ture of	Scribe				
radices of Series	Area						J						
	Landmark												
	City												
	State		Pin										
Regd Office		RDAI Regn No. 107, Courance Company Ltd.,	Life Insurance Concine U66030MH2000PI 2nd Floor, Plot # C-12, surance.kotak.com	LC128503,			Iumbai ∙ S\Form			08			
		ACKNO	WLEDGEMENT										
We acknowledge the reciept o	f your request for		for policy	y number _									
Branch Name and code			Date D D M	M Y Y			Sign	ature o	f bran	ch offici	al		
Name of Operations Executive	e												

Kotak Mahindra Life Insurance Company Ltd.