

Purpose of the Loan-

Name of the company

Address :- Policy Servicing Department, 7th Floor, Kotak Infiniti, Building No.21, Raheja Infinity park,
Off Western Express Highway. Goregaon Mulund Link Road, City : Malad (East), Mumbai

State : Maharashtra

Pincode : 400097

Phone Number (Toll Free):1800 209 8800

Fax Number : 022-66200550

E mail : clientservicedesk@kotak.com

Dated this _____ - day of _____, 20_____.

Signature of Emilia _____
(Please affix company stamp and enter signed by
authorized signatory)

Title(Mr./Ms./Mrs.)

Surname

First name

Middle name

Address :-

City/Village

State

Pin Code

Residence

Office

Mobile

E mail

Signature of the Witness:
(In case of company, please affix company stamp
counter signed by authorized signatory)

1. Cancelled cheque

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
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Flat /Building

Road /Sector

Area

Landmark

City

State

Pin

Address of Scribe

Sign Here

Signature of Scribe

IRDAI Regn No. 107, CIN: U66030MH2000PLC128503,

Regd Office: Kotak Mahindra Life Insurance Company Ltd., 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.
<https://insurance.kotak.com>

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ACKNOWLEDGEMENT

We acknowledge the receipt of your request for _____ for policy number _____

Branch Name and code

Date _____

Signature of branch official

Name of Operations Executive

IRDAI Regn No. 107, CIN: U66030MH2000PLC128503.

Regd Office: Kotak Mahindra Life Insurance Company Ltd., 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.

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