Einstry ration details:														
ent for a valuable cons	ideration of Rs	(Cd	onsideration	amount	is mand	atory)								
Purpose of the Loan-														
PARTICULARS OF THE AS	SIGNEE													
Name of the company														
KOTAK MAHINDRA LIFE	INSURANCE COM	IPANY LTD.												
State : Maharashtra Pincode : 400097	ss Highway. Goregaon a bill Free):1800 209 88 -66200550	n Mulund Link							Signature of			ioned l	NV.	
Dated this day of								i icuse uii	authorize			igiicu i	J	
PARTICULARS OF THE W	ITNESS													
Title(Mr./Ms./Mrs.)	Surname			First n	ame					Midd	e nam	3		
Address :-														
						City/Vi	illage							
State									Pin Cod	e				
Telephone Numbers (With S'	TD Codes)													
Residence						Office								
Mobile E mail														
									Signature f company, p ter signed by	olease aff	ix com		amp	
Enclosed herewith is:														
1. Cancelled cheque														
DECLARATION BY THE PER	SON FILLING THE F	ORM (Applica	ible only who	ere form i	is filled in	n by a scri	ibe or si	igned in	vernaculai	r langua	ges)			
I,		\ 11	having kı								6 /			
do declare that I have explained	I the nature of the ques	tions contained			poncy n	order for a	a perio	u 01						
Place	•							Date	e D D	M M				
	Flat /Building													
Address of Scribe									•					
	Road /Sector							Sign Here						
							Signature of Scribe							
	Area													
	Landmark													
	City			n.										
	State			Pin										
Regd Office	: Kotak Mahindra Life l		No. 107, CIN: any Ltd., 2nd	U66030N Floor, Plo	MH2000P ot # C-12	PLC128503	3,	Bandra (l	E), Mumba	i - 400 0	51.			
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		Δ	CKNOWI	EDGEN	MENT			- &						
We acknowledge the reciept of your request for						cy numbe	er							
Branch Name and code			Б			MY		Y	Sig	nature	of bra	ıch of	icial	
Name of Operations Executive	e													
		Kotak Mahi	indra I ifa	Incuro	nce Co	mnony l	I td							