

Faidey ka insurance

A JOINT VENTURE WITH (OLD MUTUAL

CONTACT DETAILS UPDATION FORM

PARTICULARS OF THE POLICY HOLDER	3. 3/313111
Policy No.	Client Id
Name of the Policyholder S U R N A M E F I R S T N A	
Contact Numbers (with STD codes) Residence	Mobile
Office Email:	
Pin Code:	
Do your bit for green world & Switch to e-communication. Kindly mark if you would like to	o receive your communication through electronic mode.
DECLARATION	
 I understand that by submitting this form I am authorizing Kotak Mahindra Old Mutual Life Insurance Limited (the Company) to send all future communication relating to the said policy on the contact details mentioned hereinabove. I further understand that the Company will be sharing all the information relating to the said policy on the contact details mentioned in this form and I have no objection to the same. 	
Date D D M M Y Y Y Place	Signature of Policy Holder/Assignee
	(Should be the same as that in the proposal form)
DECLARATION BY THE PERSON FILLING IN THE FORM (For forms filled in by a scribe	(Should be the same as that in the proposal form) or for forms signed in vernacular languages)
I, (Full Name of Scribe) have explained to the Proposer, that the c	
between the Company and the Proposer and that if any untrue statement is contained therein the Company and further if there has been any non-disclosure of material facts the policy may be treated as void and all pren	shall have the right to vary the benefits which may be payable
Address of the Scribe:	
	Signature/right thumb impression of the policy holder
Date D D M M Y Y Y Signature of the Scribe	Signature of the advisor/broker as witness
FOR OFFICE USE	
Date D D M M Y Y Y Place	Signature of Branch Official
Kotak Mahindra Old Mutual Life Insurance Ltd.	
egn No. 107, Regd Office: Kotak Mahindra Old Mutual Life Insurance Ltd, 4th floor, Vinay Bhavya Comple; * http://insurance.kotak.com/ * Insurance is the subject matter	x, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai–400 098
ACKNOWLEDGEMENT	70
	for policy no
Date D D M M Y Y Y	
Branch Name	
Name of Branch Co-ordinator	Signature of branch co-ordinator
Kotak Mahindra Old Mutual Life Insurance Ltd. egn No. 107, Regd Office: Kotak Mahindra Old Mutual Life Insurance Ltd, 4th floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai—400 098 * http://insurance.kotak.com/ * Insurance is the subject matter of solicitation	

Now manage your policy, at the click of a button!

With the Online Policy Manager you can:

- Get instant access to policy details
- Track policy performance
- Switch your monies between various funds
- Change policy details
- Make online payments

Log on to http://insurance.kotak.com

It's fast. It's free. It's convenient!



To register SMS **REGL <policy number> <date of birth>**to 5676788* Eg: If your policy is 104790 and DOB is 7th April 1970, then type REGL 104790 07/04/1970 and send to 5676788, And receive:

- Transaction notifications
- Premium payment reminders
- Acknowledgments of your requests
- Value Added Services: you can request for important information such as NAV details, whenever you require







