

CONSENT FOR DEACTIVATION OF AUTO DEBIT INSTRUCTION REQUEST

1. PARTICULARS OF THE PROPOSER

Title	Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	Telephone (With STD Code)	<input type="text"/>
E-MAIL ID	<input type="text"/>		

The contact details and E-mail ID mentioned above will be updated for all future communication at client level.

THINK GREEN: Consent for E-Communication

Save paper & switch to e-communication. Support Kotak Life Insurance for a greener environment and make a difference by joining hands with our initiative, Think Green. Kindly give your consent by ticking the above box if you would like to receive your communication through electronic mode only for all the policies held by you.

2. POLICY DETAILS

Policy No.	<input type="text"/>	Premium Frequency	<input type="text"/>
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3. CONSENT FOR DEACTIVATION

I would like to deactivate the auto debit instruction for my above mentioned policy no.

I agree that I shall be solely responsible for future renewal premium payments in a manner that the company receives the renewal premiums within the due dates as specified in the relevant Policy Contract(s) and in the event of a late payment I shall be liable for the late payment charges and other consequences as may be enforced by the company

Name of the Policy holder:

Date

Place

Mandatory

Signature of Policyholder
(As on policy application)

4. DECLARATION BY THE PERSON FILLING IN THE FORM (For forms filled in by a scribe or for forms signed in vernacular languages)

I _____, residing at _____ having known the proposer for a period of _____ declare that I have explained the nature of the questions contained in this form to the proposer. I have also explained that the answers to the questions form the basis for accepting this request.

Date

Signature of Scribe

5. FOR OFFICIAL USE ONLY

Branch Name	<input type="text"/>	Branch Code	<input type="text"/>
Name of Branch Coordinator	<input type="text"/>		<input type="text"/>
Date	<input type="text"/>		<input type="text"/>

Signature of Branch Coordinator

6. ACKNOWLEDGEMENT

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

Branch Name & Code	<input type="text"/>	<input type="text"/>
Name of Operations Executive	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	Signature of Branch Official

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 4th Floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santaacruz (E), Mumbai-400 098

<http://insurance.kotak.com/> Insurance is the subject matter of the solicitation.

CC\PS\Auto debit Deactivation consent\002