

## POLICY LOAN FORM

### INSTRUCTIONS

1. Please fill this form in BLOCK LETTERS using black or blue ink.
2. The Assignor stands for policy owner and the Assignee stands for "Kotak Life Insurance"
3. This loan is availed after the policy acquires surrender value at an interest rate of 12.50% compounded half yearly.
4. A third party major, other than the Assignor and the Assignee, must witness the signatures or thumb impressions
5. This form shall be accompanied by the original policy document in respect of which the policy loan is made.
6. This form shall not be effectual against the company unless it is duly completed and delivered to Kotak Life Insurance
7. The policy Loan form must be sent to "Kotak Life Insurance", The Policy Servicing Department, 7th Floor, Kotak Infinity, Building No. 21, Raheja Infinity park, Off Western Express Highway, Goregaon Mulund Link Road, Malad (E) Mumbai-400097
8. Loan cannot be processed in case the policy is in Lapse Mode, Automatic Cover Maintenance Mode, Reduced Paid-up Mode or ingrace period.
9. The minimum eligibility of loan value is Rs. 10,000

### GENERAL INFORMATION

Name of the policyholder (as stated in the policy document)													
Name of the Plan:													
Policy No.:							Premium(p.a.) Rs.						
Sum Assured (Rs.)													
Date of Issue of the policy:													

### PARTICULARS OF LOAN (Please tick any one of below)

<input type="checkbox"/> Maximum Loan amount available	<input type="checkbox"/> Amount of Loan required (Please specify) _____
Issue of Loan through <input type="checkbox"/> Cheque	<input type="checkbox"/> Direct Credit

### DIRECT CREDIT DETAILS

Name of the Bank:													
Bank A/c No.:							IFSC code:						
Name of the policy holder in the Bank A/c:													

\* Copy of cancelled cheque (In case of Direct Credit if any)

### PARTICULARS OF THE ASSIGNOR

Title(Mr./Ms./Mrs.)	Surname	First name	Middle name

### Correspondance Address :-

										City/Village		
State								Pin Code				

### Telephone Numbers ( With STD Codes )

Residence							Office						
Mobile							E mail						

Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode.

I, \_\_\_\_\_, as the beneficial owner of the above named policy do hereby absolutely and irrevocably transfer and assign the rights and the benefits of the said policy to "Kotak Life Insurance" and hereby given a notice of the same.

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

