

APPLICATION FOR ECS / DIRECT DEBIT PREFERRED DATE

1. PARTICULARS OF THE PROPOSER

Title	Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	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. PREFERRED DUE DATE

Non Monthly Mode: Day of Month

In Monthly Mode cases, Preferred ECS Debit Date will depend upon the Risk Commencement Date of Policy, as per below given table:

Risk Commencement Date (falling during day of month)	1-5	6-10	11-15	16 - 20	21 - 25	26 - 31
Preferred ECS Debit Date	5	10	15	20	25	1

Notes:

- The preferred ECS/DD date is only for the purpose of debiting the premium amount from client's account.
- NAV will be applicable as on the date of credit received to Kotak Life Insurance or premium due date whichever is later.
- All policy benefits would be applicable as per the premium due date mentioned in the policy document.
- All account details related to ECS debit would remain the same (as provided in ECS Mandate).
- This Application for ECS/ Direct Debit preferred date needs to be accompanied by ECS/ Direct debit form only.

4. DECLARATION BY THE POLICYHOLDER

Date

Place

Mandatory

Signature of Policyholder
(As On Policy Application)

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

I _____, residing at _____ having known the proposer for a period of _____ do 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

6. FOR OFFICIAL USE ONLY

Branch Name	<input type="text"/>	Branch Code	<input type="text"/>
Name of Branch Co-ordinator	<input type="text"/>	<input type="text"/>	
Date	<input type="text"/>	Signature of Branch Coordinator	