

TELEPHONE NUMBERS (with STD codes)

Residence																														
Mobile																														
Relationship to the Life Insured																														
Gender	<input type="checkbox"/>	Male														<input type="checkbox"/>	Female													
Date of Birth																														

Office																				
Email																				
Signature of Assignee																				
Dated this _____ day of _____, 20																				

PARTICULARS OF THE PREMIUM PAYER

Premium Payer after assignment	Assignor / Assignee (Please strikeout what is not applicable)
Name of Premium Payer	

PARTICULARS OF ASSIGNOR**NAME OF ASSIGNOR**

Title	Surname	First Name	Middle Name
Signature of Assignor			

PARTICULARS OF WITNESS**NAME OF WITNESS**

Title	Surname	First Name	Middle Name
ADDRESS	Office	Residence	
City/Village	State	Pin	
Signature of Witness			

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, Regd. Office: Kotak Mahindra Old Mutual Life Insurance Ltd., 9th Floor, Godrej Coliseum, Behind Everard Nagar, Sion (East), Mumbai - 400 022.
www.kotaklifeinsurance.com

Insurance is the subject matter of the solicitation.

POL021/1.0/062001