



Life Insurance

A JOINT VENTURE WITH OLD MUTUAL | plc

Kotak Mahindra Old Mutual Life Insurance Ltd.

Regn. No. 107, Regd. Office: 6th floor, Peninsula Chambers, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013.

REQUEST FORM FOR ALTERATION IN NAME

Instructions for filling up the form

1. Please fill the names in the BLOCK LETTERS.
2. This form must be **filled by the POLICY HOLDER**. In case, the Policy Holder and the Life Insured are different persons, then this form should be signed by both the Policy Holder and the Life Insured.
3. This form must be sent to 'Central Processing Centre [CPC], KOTAK MAHINDRA OLD MUTUAL LIFE INSURANCE LIMITED, 11-12, 2nd Floor, Krishna House, Raghuvanshi Mill Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai- 400 013'. Alternatively, you may also deliver this form at any of the KLI Branches.
4. Change in name shall not be registered in the Company's records, unless this form is received at the CPC, supported by all the necessary documents mentioned hereunder.
5. **If any question in the form is left unanswered, the request would not be acted upon by CPC, and the form along with the other documents will be returned back.**
6. The alterations shall be effective on a written communication to you from the Company from the date mentioned in the letter.
7. **Ensure that all the KLI policies, where the name of the Life Insured appears, is mentioned in this form and attached alongwith this form.**

Particulars of the Policy Holder [as mentioned in KLI Policy]

Mr/Ms/Title	Surname	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client ID of Policy Holder

Dear Sir / Madam,

I wish to inform you that there is a change in the Name mentioned in the aforesaid Policy in respect of:

Particulars of the person whose name is to be changed in KLI records

Mr/Ms/Title	Surname	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(As mentioned in KLI policy)

I am mentioning, herein below, Correct / New Name of the aforesaid person :

Mr/Ms/Title	Surname	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(New/ Correct Name)

Reason for Name Change

Please tick the appropriate reason and fill in the details asked for

1. Due to a data entry error in the registration process.
2. Due to an error on original Proposal Form
3. Due to Marriage
4. Due to notification in Official Gazette

If more than 6 months have elapsed from the date of notification in official gazette/ Marriage / receipt of policy documents please specify the reason for delay in requesting alteration:

Hence, I request you to kindly take note of the same and amend your records accordingly.
I am enclosing, herewith :

Name Proof

Please tick the appropriate and attached the corresponding document
Copy of name proof should have been verified with the originals and attached accordingly by Branch Operations Staff or Gazetted Officer

Reason for Name Change	Proof to be attached
1. Due to data entry error or error in proposal form	<input type="checkbox"/> Certified copy of Birth Certificate
	<input type="checkbox"/> Certified copy of School Leaving Certificate
	<input type="checkbox"/> Certified copy of Passport
	<input type="checkbox"/> Others (Please specify): _____ _____
2. Due to marriage	<input type="checkbox"/> Certified copy of the Marriage Certificate
3. Due to notification in Official Gazette	<input type="checkbox"/> Certified copy of the Official Gazette

I am enclosing, herewith, the original policy documents, where the name of the said person appears, for updation.

Please mention the capacity of the aforesaid person in various policies, held by you by ticking the appropriate box against each policy number.

	Policy Number	Policy Holder	Life Insured	Nominee	Appointee
1					
2					
3					
4					
5					
6					

Kindly incorporate the same in your records with due reference to the proof of name submitted.

Specimen Signatures

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OLD SPECIMEN SIGNATURES
(of person whose name has been changed)

NEW SPECIMEN SIGNATURES
(of person whose name has been changed)

Yours sincerely

SIGNATURE OF THE POLICY HOLDER

SIGNATURE OF THE LIFE INSURED

(If different from the Policy Holder)

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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Place _____

Place _____

For Office Use Only

Date of completion of Name change process:

D	D	M	M	Y	Y	Y	Y
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Checked by: _____
Operations Executive (CPC)

Checked by: _____
Branch Operations Executive

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Signature

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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Signature

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Effective date of alteration:

D	D	M	M	Y	Y	Y	Y
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Signature

Manager- Policy Servicing: _____

Date:

D	D	M	M	Y	Y	Y	Y
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