

CONTACT DETAILS CHANGE REQUEST FORM

PARTICULARS OF THE POLICY HOLDER

Policy Number	<input type="text"/>	Client ID	<input type="text"/>
Name of Policy Holder	<input type="text"/>		
Title (Mr./Ms./Mrs.)	Surname	First name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS

<input type="checkbox"/> Office	<input type="checkbox"/> Permanent Residence	<input type="checkbox"/> Current Residence
Flat /Building	<input type="text"/>	
Road /Sector	<input type="text"/>	
Area	<input type="text"/>	
Landmark	<input type="text"/>	
City/Village	State	Pin
<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT NUMBERS (with STD codes)

Residence	<input type="text"/>	Office	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>

PROOF OF ADDRESS (please tick the one submitted)

<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Valid Driving License	<input type="checkbox"/> Bank Certificate or recent statement
<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Employers Certificate
<input type="checkbox"/> Lease Agreement along with payment receipt	<input type="checkbox"/> Others (Please Specify) _____	

DECLARATION BY THE POLICY HOLDER / ASSIGNEE

I hereby declare that I understand and agree to all the conditions and information given above

Date	<input type="text"/>	<input type="text"/>
Place	<input type="text"/>	Signature of policy holder/assignee

FOR OFFICIAL USE ONLY

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

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.

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for change of contact details for policy number _____

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

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