

REQUEST FOR MAJOR REVIVAL OF POLICY

k)	Has the life to be insured or partner ever been tested for HIV/hepatitis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l)	Does the life to be insured have any physical defect/ deformity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m)	Has the life to be insured ever had any accident requiring hospitalization or undergone any treatment or operation for any ailment not mentioned above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. For female lives only.

		Life to be insured	Policy Holder (if diff from Life to be insured)
a)	Is the Life to be insured pregnant now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Has the Life to be insured had any abortion or miscarriage or caesarian section after the date of the proposal.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. If the answer to any of the above questions contained in 3,4 and 5 above is YES, kindly furnish details below :

Sr.No.	Nature of ailment /disease /condition etc	Date of Diagnosis	Fully recovered / still under treatment	Name, Address and Telephone Number of the treating doctor

7	Is any proposal or an application for revival of a lapsed Policy on your life / the Life to be insured under consideration of this Company or any other Insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please give details -

Policy/Proposal no	Sum assured				Acceptance terms (Std with extra/Postponed/declined/ not completed)	In Force/Lapsed (Mention year of lapse/Revival applied for)
	On death	On accidental death	On disability	On Critical illness		

8 Additional details - Please give usage of the following - LI = Life Assured PR = Proposer (if different from LI)

Usage of the following	Yes / No		Form of consumption		Average usage *per day		Usage in past Yes / no		If yes, form of consumption		Past average usage * per day		Reasons for giving up	
	LI	PR	LI	PR	LI	PR	LI	PR	LI	PR	LI	PR	LI	PR
Alcohol														
Tabacco														
Any Narcotics														

DECLARATION BY THE LIFE TO BE INSURED AND POLICYHOLDER

(if different from the Life to be insured)

I/We declare that I/We have answered the questions in this Policy Revival form after fully understanding the nature of the questions and the importance of disclosing all information while answering such questions. I/We further declare that the answers given by me /us to all the questions in this form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify KOTAK MAHINDRA OLD MUTUAL LIFE INSURANCE LTD. of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this form and before the acceptance of the risk by KOTAK MAHINDRA OLD MUTUAL LIFE INSURANCE LTD.

I/We further declare that this policy revival form will also be the basis of the contract of insurance and if any untrue statement is contained in this form, the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company.

I/We hereby authorise the employer, doctor or hospital of the life to be insured to divulge to the Company any information required by them in connection with the policy contract.

I/We understand that the contract will be governed by the provisions of the Insurance Act, 1938 and that the contract will not commence until the Company's written acceptance of this application is received.

Date :
Place :

Signature/ thumb impression * of the Life to be insured	Signature/ thumb impression* of the Policy Holder (if different from the life to be insured)
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* If a person other than the Policy Holder fills the form, then the person filling this policy revival form on his / her behalf must sign the following declaration :

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

I _____, having known the Policy Holder for a period of _____ do declare that I have explained the nature of the questions contained on this application to the Policy Holder. I have also explained that the answers to the questions form the basis of the contract of insurance between the Company and the Policy Holder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company.

Date :
Address and Signature of Scribe
Place :