

## Lost Card Liability Form

### Details of Insured

**Insured Name : Kotak Mahindra Bank**

**Address** : \_\_\_\_\_

**Claim REF No** : \_\_\_\_\_ **(If Available)**      **SEX** (M/F)

<b>Cardholder Name</b>	
<b>Card Number</b>	
<b>Validity Period</b>	
<b>Date of Becoming Member</b>	
<b>Date Of Loss</b>	
<b>Place of Loss</b>	
<b>Type of Loss / Brief of Loss</b>	
<b>Date Reported to Bank</b>	
<b>Date &amp; time of Blocking Card</b>	
<b>Copy of Card Statement</b>	
<b>Copy of Log sheet</b>	
<b>Copy of letter from Card holder</b>	
<b>Loss / Misuse Amount</b>	
To be signed by the Bank Staff Cardholder Signature _____ DATE ____/____/____	