

Medical Insurance Nominee Form	
Name:	VALLURI SURESH
ICICI Account No.(if you have)	004001646468 & ICIC0000040
Pan card No:	DXSPS05191E
Your Date of Birth:	07/05/1991
Nominee:	VALLURI KAMARASU
Relationship with nominee:	FATHER
Marital Status (Single/Married):	SINGLE
If married please mention the below mentioned details:	
Wife/Husband's Name:	
Date of Birth:	
Age:	
Gender:	
Child1's Name:	
Date of Birth:	
Age:	
Gender:	
Child2's Name:	
Date of Birth:	
Age:	
Gender:	