

Medical Insurance Nominee Form	
Name:	MANIKANDAN
ICICI Account No.(if you have)	3438 0150 1914
Pan card No:	BRIPA 3840A
Your Date of Birth:	14-11-1986
Nominee:	SINDHUJA
Relationship with nominee:	SPOUSE
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/ Husband 's Name:	SINDHUJA
Date of Birth:	30-09-1992
Age:	32
Gender:	FEMALE
Child1's Name:	INIYAL
Date of Birth:	01-09-2018
Age:	06
Gender:	FEMALE
Child2's Name:	DHIYA
Date of Birth:	21-12-2021
Age:	03
Gender:	FEMALE