

Medical Insurance Nominee Form

| | |
|--|--------------------|
| Name: | OM SHARMA |
| ICICI Account No.(if you have) | |
| Pan card No: | 0CEPS50480 |
| Your Date of Birth: | 19/11/2002 |
| Nominee: | MR. HARISH CHANDRA |
| Relationship with nominee: | FATHER. |
| Marital Status (Single/Married): | |
| 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: | |