

Medical Insurance Nominee Form

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|--|---------------------|
| Name: | Basagouda. B. Patil |
| ICICI Account No.(if you have) | 004701637543 |
| Pan card No: | GPJPP9878H |
| Your Date of Birth: | 09/09/2003 |
| Nominee: | Nirupad. B. Patil |
| Relationship with nominee: | Brother |
| 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: | |

Patil

12/12/2025

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| Date of Birth: | |
| Age: | |
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Patil

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