

Medical Insurance Nominee Form	
Name:	Tinku Hore
ICICI Account No.(if you have)	056401532392
Pan card No:	ALMPH98915P
Your Date of Birth:	18/11/1994
Nominee:	SHYAMALI SHIL
Relationship with nominee:	WIFE
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/Husband's Name:	SHYANALI SHIL
Date of Birth:	15/08/1994
Age:	30
Gender:	FEMALE
Child1's Name:	
Date of Birth:	
Age:	
Gender:	
Child2's Name:	
Date of Birth:	
Age:	
Gender:	