

| Medical Insurance Nominee Form | |
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| Name: | MAYANK ROY. |
| ICICI Account No.(if you have) | |
| Pan card No: | BTLPR1838Q |
| Your Date of Birth: | 23/08/1995. |
| Nominee: | DARPAN DEVI. |
| Relationship with nominee: | MOTHER. |
| Marital Status (Single/Married): | UNMARRIED. |
| 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: | |