

Medical Insurance Nominee Form	
Name:	KARTHICK CHANDHRASEKHARAN
ICICI Account No.(if you have)	016901637966
Pan card No:	CRRPK0053P
Your Date of Birth:	09-06-1993
Nominee:	GIAYATHRI B
Relationship with nominee:	SPOUSE
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/Husband's Name:	GIAYATHRI B
Date of Birth:	27-09-1993
Age:	30
Gender:	FEMALE
Child1's Name:	BALAMAGIZHAN . K
Date of Birth:	31-12-2020
Age:	03
Gender:	MALE
Child2's Name:	
Date of Birth:	
Age:	
Gender:	