

Medical Insurance Nominee Form	
Name:	ANANDH.M
ICICI Account No.(if you have)	-
Pan card No:	BCRPA8480Q
Your Date of Birth:	21-06-1991
Nominee:	P.SWETHA
Relationship with nominee:	SPOUSE
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/Husband's Name:	P.SWETHA
Date of Birth:	25-10-1995
Age:	28
Gender:	FEMALE
Child1's Name:	A.AADVIKA
Date of Birth:	08-05-2021
Age:	3
Gender:	FEMALE
Child2's Name:	-
Date of Birth:	-
Age:	-
Gender:	-