

| Medical Insurance Nominee Form                         |              |
|--|--------------|
| Name:  | SHIVAM KUMAR |
| ICICI Account No.(if you have)                         | 721801501219 |
| Pan card No:   |              |
| Your Date of Birth:                                    | 17/10/1996   |
| Nominee:   | VIMLA DEVI   |
| Relationship with nominee:                             | MOTHER       |
| Marital Status (Single/Married):                       | MARRIED      |
| If married please mention the below mentioned details: |              |
| Wife/Husband's Name:                                   | BACHHO SINGH |
| Date of Birth:   | 01/01/1966   |
| Age:   | 59           |
| Gender:  | FEMALE       |
| Child1's Name:   |              |
| Date of Birth:   |              |
| Age:   |              |
| Gender:  |              |
| Child2's Name:   |              |
| Date of Birth:   |              |
| Age:   |              |
| Gender:  |              |