

Medical Insurance Nominee Form	
Name:	BASIL C PAUL
ICICI Account No.(if you have)	015101596455
Pan card No:	COYPP4872F
Your Date of Birth:	09-03-1993
Nominee:	ASWATHY K SUKUMARAN
Relationship with nominee:	WIFE
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/Husband's Name:	ASWATHY K SUKUMARAN
Date of Birth:	08-09-1993
Age:	31
Gender:	FEMALE
Child1's Name:	INIYA BASIL
Date of Birth:	02-02-2022
Age:	3
Gender:	FEMALE
Child2's Name:	
Date of Birth:	
Age:	
Gender:	