

Medical Insurance Nominee Form	
Name:	Suraj Waghade
ICICI Account No.(if you have)	148401510316
Pan card No:	AEAPW6569C
Your Date of Birth:	02 Dec 1996
Nominee:	Nirmala Datta Waghade
Relationship with nominee:	Mother
Marital Status (Single/Married):	Single
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:	