

| Medical Insurance Nominee Form                           |              |
|--|--------------|
| Name:  | V AISHAKH M  |
| ICICI Account No.(if you have)                           | -            |
| Pan card No:   | EQSPM 6249 H |
| Your Date of Birth:                                      | 02/01/2000   |
| Nominee:   | DEEPA K NAIR |
| 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:  |              |