

Medical Insurance Nominee Form

Name:	ARUMUGHAM.S
ICICI Account No.(if you have)	
Pan card No:	BPCPA8742M
Your Date of Birth:	04.01.1989
Nominee:	ANITHA.S
Relationship with nominee:	SPOUSE
Marital Status (Single/Married):	MARRIED

If married please mention the below mentioned details:

Wife/Husband's Name:	ANITHA.S
Date of Birth:	17.05.1996
Age:	25
Gender:	FEMALE
Child1's Name:	THAVIN.A
Date of Birth:	02.08.2018
Age:	03
Gender:	MALE

Child2's Name:

Date of Birth:

Age:

Gender: