

Medical Insurance Nominee Form

Name: PRARIT VISHNOI

ICICI Account No.(if you have)

Pan card No: BGUPV76790

Your Date of Birth: 10/03/1999

Nominee: ARCHANA VISHNOI

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: