

Medical Insurance Nominee Form

Name:	
ICICI Account No.(if you have)	
Pan card No:	AMJPY1884D
Your Date of Birth:	08-04-1993
Nominee:	SIMA KUMARI
Relationship with nominee:	WIFE
Marital Status (Single/Married):	MARRIED
If married please mention the below mentioned details:	
Wife/Husband's Name:	SIMA KUMARI
Date of Birth:	08-04-1996
Age:	27
Gender:	FEMALE
Child1's Name:	
Date of Birth:	
Age:	
Gender:	
Child2's Name:	
Date of Birth:	
Age:	
Gender:	