

Medical Insurance Nominee Form

Name: Vishaf Saivastava

ICICI Account No.(if you have)

Pan card No:

JRTPS4160N

Your Date of Birth:

14-01-2000

Nominee:

Uma Saivastava

Relationship with nominee:

Mother

Marital Status (Single/Married):

Single

If married please mention the below mentioned details:

Wife/Husband's Name:

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Date of Birth:

-

Age:

-

Gender:

-

Child1's Name:

-

Date of Birth:

-

Age:

-

Gender:

-

Child2's Name:

-

Date of Birth:

-

Age:

-

Gender:

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