

Medical Insurance Nominee Form	
Name:	MAHESH MACHHINDRA MANE.
ICICI Account No.(if you have)	State Bank of India - 35350642075.
Pan card No:	DEKPM0992C.
Your Date of Birth:	22/02/1998.
Nominee:	AJIT MACHHINDRA MANE.
Relationship with nominee:	BROTHER.
Marital Status (Single/Married):	Single.
If married please mention the below mentioned details:	
Wife/Husband's Name:	
Date of Birth:	
Age:	
Gender:	
Child 1's Name:	
Date of Birth:	
Age:	
Gender:	
Child 2's Name:	
Date of Birth:	
Age:	
Gender:	