

Medical Insurance Nominee Form

| | |
|--|----------------|
| Name: | INDRAJIT SINGH |
| ICICI Account No.(if you have) | 165101507870 |
| Pan card No: | DDMPS6593G |
| Your Date of Birth: | 12/06/1988 |
| Nominee: | OISHI MAITI |
| Relationship with nominee: | SPOUSE |
| Marital Status (Single/Married): | MARRIED |
| If married please mention the below mentioned details: | |
| Wife/Husband's Name: | OISHI MAITI |
| Date of Birth: | 28/7/1989 |
| Age: | 35 |
| Gender: | FEMALE |
| Child1's Name: | NA |
| Date of Birth: | |
| Age: | |
| Gender: | |
| Child2's Name: | NA |
| Date of Birth: | |
| Age: | |
| Gender: | |