

Medical Insurance Nominee Form

Name:	AYUSH GUPTA
ICICI Account No.(if you have)	
Pan card No:	CGWPG3049R
Your Date of Birth:	02\05\1997
Nominee:	AKSHAY KUMAR
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:	
Child1's Name:	
Date of Birth:	
Age:	
Gender:	
Child2's Name:	
Date of Birth:	
Age:	
Gender:	