

Medical Insurance Nominee Form	
Name:	Revu Bharath Kumar
ICICI Account No.(if you have)	
Pan card No:	EGFPR3153E
Your Date of Birth:	14/06/2004
Nominee:	Revu Srinu
Relationship with nominee:	Father
Marital Status (Single/Married):	married single
If married please mention the below mentioned details:	
Wife/Husband's Name:	Revu Venkateswamma
Date of Birth:	
Age:	
Gender:	
Child1's Name:	
Date of Birth:	
Age:	
Gender:	
Child2's Name:	
Date of Birth:	
Age:	
Gender:	