

Medical Insurance Nominee Form

Name:	P Uma Mahesh Reddy
ICICI Account No.(if you have)	180401571842
Pan card No:	ANKPU5007C
Your Date of Birth:	19/06/2001
Nominee:	Mother
Relationship with nominee:	
Marital Status (Single/Married):	Single
If married please mention the below mentioned details:	
Wife/Husband's Name:	NA
Date of Birth:	NA
Age:	NA
Gender:	//
Child1's Name:	//
Date of Birth:	//
Age:	//
Gender:	//
Child2's Name:	//
Date of Birth:	//
Age:	//
Gender:	//