

## Nomination Form

I, ,

holding Citibank Card Number

do hereby assign the monies payable by Royal Sundaram Alliance Insurance Company Limited and subsequent renewals thereof, in the event of my death to Mr/Ms

my \_\_\_\_\_ (mention relationship) and

I further declare that his / her receipt shall be sufficient discharge to Royal Sundaram Alliance Insurance Company Limited.

**Signature of the Primary Cardmember** \_\_\_\_\_

Witnessed by\* : \_\_\_\_\_

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

\*To be witnessed by a person other than the Cardmember and the nominee.

Place : \_\_\_\_\_ Date : \_\_\_\_\_

Nominee's Address : \_\_\_\_\_

and Telephone No. : \_\_\_\_\_

Name & Address of : \_\_\_\_\_

guardian in case \_\_\_\_\_

nominee is a minor \_\_\_\_\_

Please Note: The Cardmember cannot be the question in case the nominee is a minor.