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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.