



TM

**RAMESHWARAM CAPITAL MARKET
FORM NOMINATION**
(To be filled in by individual applying singly or jointly)

CLIENT CODE:- _____

DATE

I/We _____ wish to make a nomination. [As per details given below]

Nomination Details

I/we wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my/our death.