**ANNUAL GENERAL MEETING**

 **NOMINATION / ACCEPTANCE FORM**

 ……………………………………………………………..................................................

 (STATE POST TO BE FILLED – e.g. President, Treasurer, Council Member etc.)

We, the undersigned, being paid up Members of the above Institute, hereby nominate:

………………………………………………………….. CII PIN....................................

 (PRINT NAME IN BLOCK CAPITALS)

|  |  |  |  |
| --- | --- | --- | --- |
| Signed | Print Name | CII.PIN | Date |
| Signed | Print Name | CII.PIN | Date |

The above nominees should be current members of the Insurance Institute of the Isle of Man and should be independent of the person nominated.

I, ……………………………………………………………………………… (PRINT NAME)

being a fully paid up Member of the above Institute, having been nominated in accordance with the terms of the Institute’s Constitution, confirm that I am willing to stand for the above post.

Email address …………………………………………………..

Signature …………………………………………… Date ……………………………………

**Please return this form, no later than 22nd April 2020, by email to John Walker, Secretary, at** **JWalker@edgewater.co.im** **– with two supporting e-mail nominations.**

The Institute supports Equality and Diversity – See the website <http://www.localinstitutes.cii.co.uk/isleofman> for our Equality and Diversity Policy.