

ANNUAL GENERAL MEETING NOMINATION / ACCEPTANCE FORM

(STATE	POST TO BE FILLED – e.g. Presi	dent, Treasurer, Council Me	mber etc.)
We, the undersig	ned, being paid up Members	of the above Institute, h	nereby nominate:
	INT NAME IN BLOCK CAPITAL		
Signed	Print Name	CII.PIN	Date
Signed	Print Name	CII.PIN	Date
The above nominees shi independent of the perso	ould be current members of the Innominated.	surance Institute of the Isla	e of Man and should be
being a fully paid u	p Member of the above Instite Institute's Constitution, conf	tute, having been nom	inated in accordance
Email address			
Signature		Date	
	form, no later than 8 th . xer@edgewater.co.im – with	_ , ,	
	supports Equality and itutes.cii.co.uk/isleofman for		ee the website sity Policy.