**The Young Achiever of the Year Award**

**Submission Details**

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| **CANDIDATE INFORMATION** |
| **First Name:** |  | **Surname:** |  |
| **Date of Birth:** |  | **CII PIN:** |  |
|  |  |  |  |
| **Company Name:** |  | **Position:** |  |
| **Address:** |  |  |  |
| **Post Code:** |  | **Telephone:** |  |
|  |  | **Email Address:** |  |

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| **PLEASE PROVIDE A SUMMARY OF WHY YOU/THE ABOVE MEMBER SHOULD BE NOMINATED:** |
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| **I DECLARE THAT THE CONTENT OF THIS NOMINATION FORM IS TRUE AND TO THE BEST OF MY KNOWLEDGE (please tick each box)** |
| **I am a member of the Insurance Institute of the Isle of Man:** |  | **I am currently employed in the insurance/financial services industry on the Isle of Man:** |  |

|  |  |
| --- | --- |
| **CANDIDATE’S SIGNATURE** |  |
| **DATE** |  |

|  |  |
| --- | --- |
| **MANAGER’S SIGNATURE (if applicable):** |  |
| **MANAGER’S NAME:** |  |
| **DATE:** |  |
|  |  |
| **COMPANY NAME:** |  |
| **TEL/EMAIL ADDRESS:** |  |

**THE JUDGING PANEL’S DECISION IS FINAL.**

**NO MEMBERS OF THE INSURANCE INSTITUTE OF THE ISLE OF MAN COUNCIL ARE PERMITTED TO ENTER.**

**IN THE EVENT OF A CONFLICT OF INTEREST ON THE PART OF A MEMBER OF THE JUDGING PANEL, A NEW MEMBER OF COUNCIL WILL BE APPOINTED TO THE PANEL IN THEIR PLACE.**

**THE WINNER’S DETAILS AND PHOTOGRAPHS, TAKEN AT THE ANNUAL DINNER MAY BE USED IN THE LOCAL PRESS & OTHER MEDIA BY THE INSTITUTE AND THE CHARTERED INSURANCE INSTITUTE.**

**CLOSING DATE FOR ENTRIES IS 9TH FEBRUARY 2024.**