

## ANNUAL GENERAL MEETING NOMINATION / ACCEPTANCE FORM

(STATE POS	Γ TO BE FILLED – e.g. Pres	ident, Treasurer, Council Mei	nber etc.)
We, the undersigned	, being paid up Members	of the above Institute, h	ereby nominate:
(PRINT)	NAME IN BLOCK CAPITA	LS)	
Signed	Print Name	CII.PIN	Date
Signed	Print Name	CII.PIN	Date
The above nominees should independent of the person nor		nsurance Institute of the Isle	of Man and should be
I,being a fully paid up M with the terms of the Ins post.	ember of the above Inst	itute, having been nomi	nated in accordance
Email address			
Signature		Date	
Please return this for Secretary, at <u>kellie.han</u>	•	_ , ,	
The Institute supp <a href="http://www.localinstitute">http://www.localinstitute</a>	orts Equality and s.cii.co.uk/isleofman for	•	ee the website