

## ANNUAL GENERAL MEETING NOMINATION / ACCEPTANCE FORM

(STATE PO	ST TO BE FILLED – e.g. Pres	sident, Treasurer, Council Men	nber etc.)
We, the undersigne	d, being paid up Member	s of the above Institute, he	ereby nominate:
(PRIN	Γ NAME IN BLOCK CAPITA	LS)	
Signed	Print Name	CII.PIN	Date
Signed	Print Name	CII.PIN	Date
The above nominees shoul independent of the person n	d be current members of the ominated.	Insurance Institute of the Isle	of Man and should be
being a fully paid up I	Member of the above Ins	titute, having been nomin	nated in accordance
Email address			
Signature		Date	
	orm, no later than 18 <sup>th</sup> nds@uk.rsagroup.com	7 0	
	oports Equality and tes.cii.co.uk/isleofman for	2	