

## Nomination Form for the Office of Honorary Secretary 2024/2025

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Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 24<sup>th</sup> April at 6.00pm. The meeting will be held in the Burren Suite, The Galmont Hotel, Lough Atalia Road, Galway.

Name of Nominee \_\_\_\_\_

State Insurance Qualifications Held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III Membership Number \_\_\_\_\_

**Declaration**                      **I hereby consent to the Local Institute sharing my personal data with the Insurance Institute for corporate governance purposes.**

Signature of Nominee \_\_\_\_\_

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Proposer \_\_\_\_\_

Proposer Signature \_\_\_\_\_

III Membership Number \_\_\_\_\_

Secunder \_\_\_\_\_

Secunder Signature \_\_\_\_\_

III Membership Number \_\_\_\_\_

**Note:** Any candidate for election to Local Council must be nominated in writing by two current members of the Local Institute. Such two members of the Local Institute may not nominate more than one nominee. A separate Nomination Form must be used for each nominee.

**This form must be completed and returned to the Local Institute Honorary Secretary before close of business on 8<sup>th</sup> April 2024.**

**Ms Niamh Hughes, Honorary Secretary**

The Insurance Institute of Galway

Address: Clooncormack, Hollymount, Claremorris, Co Mayo.

Email: [niamh.hughes@ibd.ie](mailto:niamh.hughes@ibd.ie)

## Nomination Form for the Office of Honorary Treasurer 2024/2025

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Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 24<sup>th</sup> April at 6.00pm. The meeting will be held in the Burren Suite, The Galmont Hotel, Lough Atalia Road, Galway.

Name of Nominee \_\_\_\_\_

State Insurance Qualifications Held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III Membership Number \_\_\_\_\_

**Declaration**                    **I hereby consent to the Local Institute sharing my personal data with the Insurance Institute for corporate governance purposes.**

Signature of Nominee \_\_\_\_\_

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Proposer \_\_\_\_\_

Proposer Signature \_\_\_\_\_

III Membership Number \_\_\_\_\_

Secunder \_\_\_\_\_

Secunder Signature \_\_\_\_\_

III Membership Number \_\_\_\_\_

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**This form must be completed and returned to the Local Institute Honorary Secretary before close of business on 8<sup>th</sup> April 2024.**

**Ms Niamh Hughes, Honorary Secretary**

The Insurance Institute of Galway  
Address: Clooncormack, Hollymount, Claremorris, Co Mayo.

Email: [niamh.hughes@ibd.ie](mailto:niamh.hughes@ibd.ie)

## Nomination Form for the Officer Position of \_\_\_\_\_ <sup>1</sup> 2024/2025

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Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 24<sup>th</sup> April at 6.00pm. The meeting will be held in the Burren Suite, The Galmont Hotel, Lough Atalia Road, Galway.

Name of Nominee \_\_\_\_\_

State Insurance Qualifications Held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III Membership Number \_\_\_\_\_

**Declaration**                    **I hereby consent to the Local Institute sharing my personal data with the Insurance Institute for corporate governance purposes.**

Signature of Nominee \_\_\_\_\_

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Proposer \_\_\_\_\_

Proposer Signature \_\_\_\_\_

III Membership Number \_\_\_\_\_

Seconder \_\_\_\_\_

Seconder Signature \_\_\_\_\_

III Membership Number \_\_\_\_\_

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**This form must be completed and returned to the Local Institute Honorary Secretary before close of business on 8<sup>th</sup> April 2024.**

**Ms Niamh Hughes, Honorary Secretary**

The Insurance Institute of Galway

Address: Clooncormack, Hollymount, Claremorris, Co Mayo.

Email: [niamh.hughes@fd.ie](mailto:niamh.hughes@fd.ie)

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<sup>1</sup> Use this form for other Officers (e.g. CPD Officer, Education Officer etc)

## Nomination Form for the Office of Data Protection Officer 2024/2025

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Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 24<sup>th</sup> April at 6.00pm. The meeting will be held in the Burren Suite, The Galmont Hotel, Lough Atalia Road, Galway.

Name of Nominee \_\_\_\_\_

State Insurance Qualifications Held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III Membership Number \_\_\_\_\_

**Declaration**                    **I hereby consent to the Local Institute sharing my personal data with the Insurance Institute for corporate governance purposes.**

Signature of Nominee \_\_\_\_\_

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Proposer \_\_\_\_\_

Proposer Signature \_\_\_\_\_

III Membership Number \_\_\_\_\_

Secunder \_\_\_\_\_

Secunder Signature \_\_\_\_\_

III Membership Number \_\_\_\_\_

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The Insurance Institute of Galway

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