

Nomination Form for the Office of Honorary Secretary 2025/2026

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 11th April at 2.00pm. The meeting will be held in the Savoy Hotel, Henry Street, Limerick, V94 EY2P.

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 _____

Proposer _____

Proposer Signature _____

III Membership Number _____

Seconder _____

Seconder 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 21st March 2025.

Ms Carmel Spaight, Acting Secretary

The Insurance Institute of Limerick

Address: C/o McLarens Ireland, Avenue 6000, Cork Business Park, Co Cork.

Email: Spaight.carmel8@gmail.com

Nomination Form for the Office of Honorary Treasurer 2025/2026

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 11th April at 2.00pm. The meeting will be held in the Savoy Hotel, Henry Street, Limerick, V94 EY2P.

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 _____

Proposer _____

Proposer Signature _____

III Membership Number _____

Seconder _____

Seconder Signature _____

III Membership Number _____

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Nomination Form for the Office of Data Protection Officer 2025/2026

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 11th April at 2.00pm. The meeting will be held in the Savoy Hotel, Henry Street, Limerick, V94 EY2P.

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 _____

Proposer _____

Proposer Signature _____

III Membership Number _____

Seconders _____

Seconders Signature _____

III Membership Number _____

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Nomination Form for the Officer Position of

_____ ¹ 2025/2026

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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 _____

Proposer _____

Proposer Signature _____

III Membership Number _____

Seconder _____

Seconder Signature _____

III Membership Number _____

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Ms Carmel Spaight, Acting Secretary

The Insurance Institute of Limerick

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Email: Spaight.carmel8@gmail.com

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