

## 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 3<sup>rd</sup> April at 5.30pm. The meeting will be held in the Clayton Hotel, Lapps Quay, Cork T12 RD6E.

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 14<sup>th</sup> March 2025.**

**Mr Liam Ryan, Honorary Secretary**

The Insurance Institute of Cork

Address: C/o Owens McCarthy, Lawley House, Monaghan Road, Cork

Email: [liamryan@omcclaims.ie](mailto:liamryan@omcclaims.ie)

## Nomination Form for the Office of Honorary Treasurer 2025/2026

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Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 3<sup>rd</sup> April at 5.30pm. The meeting will be held in the Clayton Hotel, Lapps Quay, Cork T12 RD6E.

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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Email: [liamryan@omcclaims.ie](mailto:liamryan@omcclaims.ie)

## Nomination Form for the Officer Position of

\_\_\_\_\_ <sup>1</sup> 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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**Mr Liam Ryan, Honorary Secretary**

The Insurance Institute of Cork

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Email: [liamryan@omcclaims.ie](mailto:liamryan@omcclaims.ie)

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

## Nomination Form for the Office of Data Communication Officer 2025/2026

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 3<sup>rd</sup> April at 5.30pm. The meeting will be held in the Clayton Hotel, Lapps Quay, Cork T12 RD6E.

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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