

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 9th April at 6.00pm. The meeting will be held in the Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1.

Name of Nominee						
	ırance Qualifications Held					
Are you a current me	mber of the Insurance Institute	Yes / No	Member ID			
Declaration	I hereby consent to the Local II Insurance Institute for corpora		• • • • • • • • • • • • • • • • • • • •	е		
Signature of Nomine	e					
Proposer						
Proposer Signature						
Are you a current me	mber of the Insurance Institute	Yes / No	Member ID			
Seconder						
Seconder Signature						
Are you a current me	mber of the Insurance Institute	Yes / No	Member ID			

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 Julie Frazer, Honorary Secretary

The Insurance Institute of Dublin

Address: Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1



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 9th April at 6.00pm. The meeting will be held in the Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1.

Name of Nominee					
State Insurance Qualifications Held					
Are you a current me	mber of the Insurance Institute	Yes / No	Member ID		
Declaration	I hereby consent to the Local Ir Insurance Institute for corporate				
Signature of Nomine	e				
Proposer					
Proposer Signature					
Are you a current me	mber of the Insurance Institute	Yes / No	Member ID		
Seconder					
Seconder Signature					
Are you a current me	mber of the Insurance Institute	Yes / No	Member ID		

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.

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Ms Julie Frazer, Honorary Secretary

The Insurance Institute of Dublin

Address: Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1



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 9th April at 6.00pm. The meeting will be held in the Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1.

Name of Nominee					
State Insurance Qualifications Held					
Are you a current me	mber of the Insurance Institute	Yes / No	Member ID		
Declaration	I hereby consent to the Local II Insurance Institute for corpora		aring my personal data with the nce purposes.		
Signature of Nominee	•				
Proposer					
Proposer Signature					
Are you a current me	mber of the Insurance Institute	Yes / No	Member ID		
Seconder					
Seconder Signature					
Are you a current me	mber of the Insurance Institute	Yes / No	Member ID		

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.

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Ms Julie Frazer, Honorary Secretary

The Insurance Institute of Dublin

Address: Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1



Nomination Form for the Officer Position of ¹ 2025/2026

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 9 th April at 6.00pm. The meeting will be held in the Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1.					
Name of Nominee					
State Insurance Qualifications Held					
	ember of the Insurance Institute				
Declaration	I hereby consent to the Local Insurance Institute for corpora		aring my personal data with the nce purposes.		
Signature of Nomine	e				
Proposer					
Proposer Signature					
Are you a current me	ember of the Insurance Institute	Yes / No	Member ID		
Seconder					
Seconder Signature					
Are you a current me	ember of the Insurance Institute	Yes / No	Member ID		

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 Julie Frazer, Honorary Secretary

The Insurance Institute of Dublin

Address: Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1

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