

## Nomination Form for the Office of Honorary Secretary 2026/2027

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Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 16<sup>th</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 \_\_\_\_\_

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 27<sup>th</sup> March 2026.**

**Ms Anne-Marie Brophy, Honorary Secretary**

The Insurance Institute of Cork

Address: C/o VHI Healthcare DAC, IDA Business Park, Purcellsinch, Dublin Road, Kilkenny

Email: [annemarie.brophy@vhi.ie](mailto:annemarie.brophy@vhi.ie)

## Nomination Form for the Office of Honorary Treasurer 2026/2027

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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 \_\_\_\_\_

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Proposer \_\_\_\_\_

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

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

Secunder \_\_\_\_\_

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

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

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The  
Insurance  
Institute  
CORK

## Nomination Form for the Officer Position of \_\_\_\_\_ <sup>1</sup> 2026/2027

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Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 16<sup>th</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 \_\_\_\_\_

Secunder \_\_\_\_\_

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

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

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<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 2026/2027

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Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 16<sup>th</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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