

## 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 22<sup>nd</sup> 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 member of the Insurance Institute Yes / No Member ID \_\_\_\_\_

**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 \_\_\_\_\_

Are you a current member of the Insurance Institute Yes / No Member ID \_\_\_\_\_

Secunder \_\_\_\_\_

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

Are you a current member 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 1<sup>st</sup> April 2026.**

**Ms Shannon Caffrey, Honorary Secretary**

The Insurance Institute of Dublin

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

Email: [shannon.caffrey@allianz.ie](mailto:shannon.caffrey@allianz.ie)

## Nomination Form for the Office of Honorary Treasurer 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 22<sup>nd</sup> 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 member of the Insurance Institute Yes / No Member ID \_\_\_\_\_

**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 \_\_\_\_\_

Are you a current member of the Insurance Institute Yes / No Member ID \_\_\_\_\_

Secunder \_\_\_\_\_

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

Are you a current member of the Insurance Institute Yes / No Member ID \_\_\_\_\_

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The  
Insurance  
Institute  
DUBLIN

## 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 22<sup>nd</sup> 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 member of the Insurance Institute Yes / No Member ID \_\_\_\_\_

**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 \_\_\_\_\_

Are you a current member of the Insurance Institute Yes / No Member ID \_\_\_\_\_

Secunder \_\_\_\_\_

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

Are you a current member of the Insurance Institute Yes / No Member ID \_\_\_\_\_

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