

Nomination Form for the Office of Honorary Secretary 2026/2027

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 10th April at 12.30pm. 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 _____

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 20th March 2026.

Ms Carmel Spaight, Honorary Secretary

The Insurance Institute of Limerick

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

Email: carmel.spaight@mclarens.com

Nomination Form for the Office of Honorary Treasurer 2026/2027

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 10th April at 12.30pm. 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 _____

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 20th March 2026.

Ms Carmel Spaight, Honorary Secretary

The Insurance Institute of Limerick

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

Email: carmel.spaight@mclarens.com

Nomination Form for the Office of Data Protection Officer 2026/2027

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 10th April at 12.30pm. 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 _____

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 20th March 2026.

Ms Carmel Spaight, Honorary Secretary

The Insurance Institute of Limerick

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

Email: carmel.spaight@mclarens.com

Nomination Form for the Officer Position of _____ ¹ 2026/2027

Form of Nomination of a candidate for election to Local Council at the Annual General Meeting to be held on 10th April at 12.30pm. 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 _____

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 20th March 2026.

Ms Carmel Spaight, Honorary Secretary

The Insurance Institute of Limerick

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

Email: carmel.spaight@mclarens.com

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