

COUNCIL NOMINATION/ACCEPTANCE FORM

Name of institute: Insurance Institute of Sussex

Post to be filled (president/treasurer/council member, etc) _____

NB1: Nomination/Acceptance forms should be completed and submitted to the secretary of the Insurance Institute of Sussex at least seven days before the council or annual general meeting at which the names of the proposed president, deputy president, other officers and council members are to be considered.

NB2: Each nomination form must be signed by four nominators.

We, the undersigned, being paid up members of the Insurance Institute of Sussex, hereby nominate

_____ (PRINT NAME IN BLOCK CAPITALS)

Signed

1. _____ Print Name _____ Date _____

2. _____ Print Name _____ Date _____

3. _____ Print Name _____ Date _____

4. _____ Print Name _____ Date _____

I, _____ (PRINT NAME), being a fully paid up member of the Insurance Institute of Sussex, having been nominated in accordance with the terms of the institute's constitution, confirm that I am willing to stand for the above post.

Signature _____

Date _____

Please return the completed form to: Susan Stamp, 41 Grafton Gardens, Sompting, Lancing, West Sussex, BN15 9SP.