

# INSURANCE INSTITUTE OF CHELTENHAM & GLOUCESTER



## ANNUAL GENERAL MEETING - NOMINATION/ACCEPTANCE FORM

..... (STATE POST TO BE FILLED – e.g. president, treasurer, council member etc)

**N.B. 1:** Nomination/Acceptance forms should be completed and submitted to the secretary of the local insurance institute at least seven days before the council meeting at which the names of the proposed president and deputy president, other officers and council members are to be considered.

**N.B. 2:** Each nomination form must be signed by four nominators.

We, the undersigned, being paid up Members of the above institute, hereby nominate

..... (PRINT NAME IN BLOCK CAPITALS)

Signed:

.....	..... (PRINT NAME)	..... (DATE)
.....	..... (PRINT NAME)	..... (DATE)
.....	..... (PRINT NAME)	..... (DATE)
.....	..... (PRINT NAME)	..... (DATE)

I, ....., (PRINT NAME), being a fully paid up Member of the above institute, 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 completed form to: **Mrs Carol Smith FCII**

PRO Insurance Solutions Ltd , Bruton Court, Bruton Way, Glos GL1 1DA