

CHARTERED INSURANCE INSTITUTE OF NIGERIA

27, Lagos Street, Ebute-Metta, Lagos. Tel: Tel: 01-3425490, 08172040916

E-mail: membership@ciinigeria.com.

7th January, 2019

2019 COUNCIL ELECTION

NOMINATION FORM

ALL INFORMATION SHOULD BE IN CAPITAL LETTERS

1. NOMINATED MEMBER

- (i) Name(s)
 - (ii) Membership No.....
 - (iii) Address.....
 - (iv) Signature & Date:.....
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2. PROPOSER

- (i) Name(s)
 - (ii) Membership No.....
 - (iii) Address.....
 - (iv) Signature & Date:.....
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3. SECONDER

- (i) Name(s)
- (ii) Membership No.....
- (iii) Address.....
- (iv) Signature & Date:.....

Note:

The Nominated candidate is to ensure that the proposer and the seconder are financial members of the Institute i.e. Fellows or Associates and must have paid their Membership Subscription up to 2019.

4. PERSONAL DATA OF NOMINATED CANDIDATE

- I. NAME.....
- II. DATE OF BIRTH.....
- III. ADDRESS.....
- IV. PRESENT EMPLOYMENT.....
- V. CURRENT POSITION HELD.....
- VI. PIN
- VII. SCHOOLS ATTENDED WITH DATES

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VIII. ACADEMIC QUALIFICATIONS WITH DATES

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IX. PROFESSIONAL QUALIFICATIONS WITH DATES

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X. PROFESSIONAL CAREER RECORD (INCLUDING POSITIONS HELD WITH DATES)

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XI. SERVICE TO THE INSTITUTE (PAST AND PRESENT)

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XII. SERVICES TO THE PUBLIC (PAST AND PRESENT)

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XIII. SPECIFIC PROGRAMME FOR THE GROWTH OF THE INSTITUTE,
IF ELECTED

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XIV. NAMES AND ADDRESSES OF TWO REFEREES

(1)	(2)

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SIGNATURE OF CANDIDATE

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DATE

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SIGNATURE OF WITNESS (1)

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DATE

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SIGNATURE OF WITNESS (2)

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DATE