



I DECLARE THAT THE CONTENT OF THIS NOMINATION FORM IS TRUE AND TO THE BEST OF MY KNOWLEDGE (please tick each box)

I am a member of the Insurance Institute of the Isle of Man:		I am currently employed in the insurance/financial services industry on the Isle of Man:	
---	--	---	--

CANDIDATE'S SIGNATURE	
DATE	

MANAGER'S SIGNATURE (if applicable):	
MANAGER'S NAME:	
DATE:	
COMPANY NAME:	
TEL/EMAIL ADDRESS:	

THE JUDGING PANEL'S DECISION IS FINAL.

NO MEMBERS OF THE INSURANCE INSTITUTE OF THE ISLE OF MAN COUNCIL ARE PERMITTED TO ENTER.

IN THE EVENT OF A CONFLICT OF INTEREST ON THE PART OF A MEMBER OF THE JUDGING PANEL, A NEW MEMBER OF COUNCIL WILL BE APPOINTED TO THE PANEL IN THEIR PLACE.

THE WINNER'S DETAILS AND PHOTOGRAPHS, TAKEN AT THE ANNUAL DINNER MAY BE USED IN THE LOCAL PRESS & OTHER MEDIA BY THE INSTITUTE AND THE CHARTERED INSURANCE INSTITUTE.

CLOSING DATE FOR ENTRIES IS THE 13th February 2026.