



The Insurance  
Institute of  
the Isle of Man  
Chartered Insurance Institute



## The Young Achiever of the Year Award Submission Details

CANDIDATE INFORMATION			
First Name:		Surname:	
Date of Birth:		CII PIN:	
Company Name:		Position:	
Address:			
Post Code:		Telephone:	
		Email Address:	

**PLEASE PROVIDE A SUMMARY OF WHY YOU/THE ABOVE MEMBER SHOULD BE NOMINATED:**



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

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

<b>CANDIDATE'S SIGNATURE</b>	
<b>DATE</b>	

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

**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 3<sup>rd</sup> FEBRUARY 2025.**