

**NOMINATION FOR HONORARY FELLOWSHIP**

|  |  |
| --- | --- |
| **Name of candidate:** |  |
| **Honours:** |  |
| **Address:**  |  |
|  |  |
| **Date of Birth:** |  |
| **Employer:** |  |
| **Position:** |  |

|  |  |
| --- | --- |
| **1.** | **Academic or Professional Qualification held by the candidate**: |
|  |  |
| **2.** | **Explanation of the Exceptional Experience of the Candidate in insurance/financial services activities: (Please continue overleaf if necessary)** |
|  |  |
| **3.** | **Explanation of the** **Pre-eminence** **of the candidate in their field: (Please continue overleaf if necessary**) |
|  |  |

**Note: At least two of the sections 1-3 must be completed.**

|  |  |
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| **4.** | **Indicate how the candidate, directly or indirectly has made or is anticipated to make a substantial contribution to the work of the CII: (Please continue overleaf if necessary)** |
|  |  |
| **5.** | **Provide any further information that is considered appropriate to support this nomination: (Please continue overleaf if necessary)** |
|  |  |

|  |  |
| --- | --- |
| **Date submitted:** |  |

Name of nominee and contact details:………………………………………………………………

Signed………………………………………

Date………………………………………..

Completed forms should be sent to the Company Secretary, Chartered Insurance Institute, 21 Lombard Street, London, EC3V 9AH.