Chartered Insurance Institute of Nigeria

ELECTION TO THE GOVERNING COUNCIL OF THE INSTITUTE 2022 COUNCIL ELECTION

CONDITIONS FOR ELECTION

- The applicant must not be below thirty (30) years.
- The applicant must be an Associate or a Fellow of the Institute.
- The applicant must possess a minimum of ten years (10) post qualification experience.
- The applicant must have been in continuous professional practice for a minimum of ten (10) years.
- The applicant must be nominated by two (2) professional members of the Institute.
- The nominated and nominating members must be financial members in the last three (3) years including the year of election.
- The applicant must have the minimum MCPD score (120 points) in the last three years including the year of election.
- The applicant must submit the names of two referees who are professional and financial members of the Institute.
- The applicant must submit a letter of attestation to professional integrity by his/her employer.
- The applicant must appear before the Membership Committee for an interactive session.
- New members without the opportunity of having served in any Committee of Council must show evidence of participation in Institute's activities.
- Candidates must satisfy any other condition that may be approved by the Governing Council as it deems appropriate.



1.

Chartered Insurance Institute of Nigeria

27, Lagos Street, Ebute-Metta, Lagos. Tel: Tel: 08172040914, 08172040916 E-mail: info@ciinigeria.org, membership@ciinigeria.org.

Thursday 24th February 2022

2022 COUNCIL ELECTION

NOMINATION FORM

AFFIX PASSPORT

ALL INFORMATION SHOULD BE IN CAPITAL LETTER

NOMINATED MEMBER

(i)	Name(s)
(ii)	Membership Number
(iii)	Address
(iv)	Signature & Date:
2.	PROPOSER CONTRACTOR CO
(i)	Name(s)
(ii)	Membership Number
(iii)	Address
(iv)	Signature & Date:
3.	SECONDER GETRUST &
(i)	Name(s)
(ii)	Membership Number
(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, Building and Development levy up to 2022.

	PERSONAL DATA OF NOMINATED CANDIDATE
	NAME
	DATE OF BIRTH
	ADDRESS
	PRESENT EMPLOYMENT
	CURRENT POSITION HELD.
	PIN
	SCHOOLS ATTENDED WITH DATES
	ACE MASSA
	ACADEMIC QUALIFICATIONS WITH DATES
	(Attach photocopies of credentials)
	PROFESSIONAL QUALIFICATIONS WITH DATES
	EFICIL
	F TRUST & F
	(Attach photocopies of credentials)
	PROFESSIONAL CAREER RECORD (INCLUDING POSITIONS HELD WITH DATES)

VII.	SERVICES TO THE INSTITUTE (PAST AND PRESENT)				
	•••••				
	•••••				
	•••••				
VIII.	SERV	VICES TO THE PUBLIC (PAST AND PRESE	ZNIT)		
	OLICV	Tele 10 IIILI Oblic (I7101711 VD I NECL	21 (1)		
	•••••				
	•••••				
		CE/A			
	•••••				
IX.	SPECIFIC PROGRAMME FOR THE GROWTH OF THE INSTITUTE, IF ELECTED				
	•••••				
	•••••				
v	NAMES AND ADDRESSES OF THE DEFE				
X.		MES AND ADDRESSES OF TWO REFEREE	S IENC		
	(1)	(2)	o EFFICIL		
			8		
		SIGNATURE OF CANDIDATE	DATE		
		SIGNATURE OF REFEREE (1)	DATE		
		SIGNATURE OF REFEREE (2)	DATE		