Individual Member Nomination form

Form of Nomination

The Secretary The Institute of Bankers in Ireland 1 North Wall Quay Dublin 1
[Date]
Dear [],
I am seeking election under Article 13(c)(ii) of the Constitution of IOB.
In accordance with the Constitution and Bye Laws of IOB, I enclose the requisite number (6) of duly completed nomination papers.
I confirm my acceptance of nomination for election and my willingness to serve as a member of Council if elected.
Yours faithfully
(SIGNATURE OF CANDIDATE)
NAME OF CANDIDATE:
(BLOCK CAPITALS)
ADDRESS OF CANDIDATE:
(BLOCK CAPITALS)
MEMBERSHIP NUMBER:

Classification: Public

CANDIDATE	
NAME: (BLOCK LETTERS)	
MEMBERSHIP NUMBER:	
ADDRESS:	-
(BLOCK LETTERS)	-
PROPOSER	
NAME: (BLOCK LETTERS)	
MEMBERSHIP NUMBER:	-
ADDRESS:	
(BLOCK LETTERS)	
SIGNATURE OF PROPOSER:	

CANDIDATE	
NAME: (BLOCK LETTERS)	-
MEMBERSHIP NUMBER:	
ADDRESS:	
(BLOCK LETTERS)	
PROPOSER	
NAME:	
(BLOCK LETTERS)	
MEMBERSHIP NUMBER:	
MEMBERSHIP NUMBER:	
ADDRESS:	-
(BLOCK LETTERS)	
SIGNATURE OF PROPOSER:	

CANDIDATE	
NAME: (BLOCK LETTERS)	-
MEMBERSHIP NUMBER:	
ADDRESS:	
(BLOCK LETTERS)	
PROPOSER	
NAME:	
(BLOCK LETTERS)	
MEMBERSHIP NUMBER:	
MEMBERSHIP NUMBER:	
ADDRESS:	-
(BLOCK LETTERS)	
SIGNATURE OF PROPOSER:	

CANDIDATE	
NAME: (BLOCK LETTERS)	
MEMBERSHIP NUMBER:	
ADDRESS:	
(BLOCK LETTERS)	
PROPOSER	
NAME:	
(BLOCK LETTERS)	
MEMBERSHIP NUMBER:	
ADDRESS:	
(BLOCK LETTERS)	
SIGNATURE OF PROPOSER	
DIGITATURE OF TROTOSER.	•





CANDIDATE NAME: (BLOCK LETTERS) MEMBERSHIP NUMBER: ADDRESS: (BLOCK LETTERS) PROPOSER NAME: (BLOCK LETTERS) MEMBERSHIP NUMBER:		
(BLOCK LETTERS) MEMBERSHIP NUMBER: ADDRESS: (BLOCK LETTERS) PROPOSER NAME: (BLOCK LETTERS)	CANDIDATE	
ADDRESS: (BLOCK LETTERS) PROPOSER NAME: (BLOCK LETTERS)		
PROPOSER NAME: (BLOCK LETTERS)	MEMBERSHIP NUMBER:	
PROPOSER NAME: (BLOCK LETTERS)		
NAME: (BLOCK LETTERS)	(BLOCK LETTERS)	
NAME: (BLOCK LETTERS)	PROPOSER	
(BLOCK LETTERS)	PROPOSER	
MEMBERSHIP NUMBER:		
	MEMBERSHIP NUMBER:	
ADDRESS:	ADDRESS:	
(BLOCK LETTERS)	(BLOCK LETTERS)	,
SIGNATURE OF PROPOSER:		

Classification: Public





	
CANDIDATE	
NAME:	
(BLOCK LETTERS)	
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MEMBERSHIP NUMBER:	
ADDRESS:	
(BLOCK LETTERS)	
PROPOSER	
NAME:	
(BLOCK LETTERS)	
MEMBERSHIP NUMBER:	
MEMBERSHIP NUMBER:	
ADDRESS:	
(BLOCK LETTERS)	
SIGNATURE OF PROPOSER:	

Classification: Public