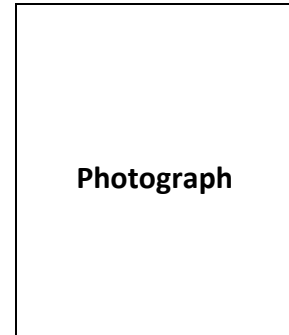


**FORM OF NOMINATION OF A CANDIDATE FOR 12th COUNCIL ELECTION TO THE
COUNCIL OF THE INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS**



I _____ being an eligible Member of the Institute belonging to the Northern/Western/Eastern/Southern Zone, as defined in the Procedure for the conduct of the twelfth Elections to the Council, as amended up-to-date, hereby offer my candidature for election of *(i) ONE MEMBER from Northern/Western/Eastern/Southern /All India Zone* pursuant to Article 15(2)(a)(i) of the Articles of Association of the Council.[*Note:- Every candidate shall carefully fill in the above correctly and clearly without any ambiguity. Failure to do so shall entail the nomination form to be rejected by the Election Officer. A candidate will submit copy of Subscription receipt.]

I agree to abide by the provisions of the Articles of Association of the Institute, Procedure for the conduct of the 12th Elections to the Council as amended up-to-date and the decision of the Election Officer in all matters pertaining to the election.

Signature of Candidate _____

Name in full (As published in the List of Voters)

Membership Number _____

Address (As published in the List of Voters)

Dated this the _____ day of _____ 2020



We, the undersigned eligible Members of the Indian Institute of Insurance Surveyors and Loss Assessors, being qualified to vote in the twelfth Elections to the Council of the Institute and belonging to Northern/Western/Eastern/Southern Zone, as that of the candidate do hereby propose and second respectively of the candidature of _____ as a candidate to the 12th Council Elections from that constituency as offered by him.

(1) Signature of Proposer _____

Name in full (As published in the List of Voters) _____

Membership Number _____

Address (As published in the List of voters)

Dated this _____ day of _____ 2020

(2) Signature of Seconder _____

Name in Full (As published in the List of voters) _____

Membership Number _____

Address (As published in the List of Voters)

Dated this _____ day of _____ 2020

[Please see next page for the Annexure to the Form of Nomination]



ANNEXURE TO FORM OF NOMINATION

I _____ declare that I am not disqualified from holding a DIN . I, _____, give below the following true and correct particulars concerning myself:-

Name

Membership Number

Professional Address

(b) Date of Birth:

(c) Whether citizen of India:

(d) Whether found guilty of any professional or other misconduct, and consequently whether reprimanded or the name has been removed from the Register or has been awarded penalty or fine as on the date of nomination:

(e) If the answer to (d) above is in affirmative, to provide the following details, wherever applicable (separately* for each misconduct for which found guilty):

(i) the offence for which found guilty

(ii) the date of reprimand

(iii) the date from which the name was removed on account of above disqualification from the Register

(iv) the total period of removal

(v) the date on which the period of removal expires

(vi) whether the removal was on account of disabilities falling under the Article 12 or 14 of the Articles of Association.

(vii) the date on which the penalty or fine was awarded



(viii) amount of penalty or fine (ix) the date on which the payment was made for penalty or fine awarded Whether holding a post under the Central or State Government

(f) Whether holding a post under the Central or State Government or Insurer

Place:

Date:

Signature of the Candidate

VERIFICATION

I, _____, do hereby affirm and declare that the personal particulars given above are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Candidate

