

Elected Director Nomination Form

I/we hereby propose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name) as an elected director of the Chartered Institute of Internal Auditors and confirm that I/we believe the person to be able to fulfil the role and responsibilities of being a director and to be a fit and proper person to take on the role.

**Proposed by**  Name Member number[[1]](#footnote-1)\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed by**  Name Member number[[2]](#footnote-2)\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A CANDIDATE AGREEMENT MUST ALSO BE SUBMITTED BY THE NOMINEE

**Please return to**: The Secretary

 Chartered Institute of Internal Auditors

 13 Abbeville Mews

 88 Clapham Park Road

 London

 SW4 7BX

 Or email it to **secretary@iia.org.uk**



Elected Director Candidate Agreement

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby confirm that I accept the nomination as an elected director of the Chartered Institute of Internal Auditors and that:

* I am eligible to serve as a company director
* I accept the role and responsibilities of a being a director
* I agree to abide by the Council code of conduct
* I do not, or will immediately cease to in the event that I am elected an elected director, receive payments for work undertaken for the IIA
* I am not a partner or company director of any organisation that has contracts with the IIA.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If submitting electronically and a signature is not possible, please type the words ‘I agree with this statement.’)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to**: The Secretary

 Chartered Institute of Internal Auditors

 13 Abbeville Mews

 88 Clapham Park Road

 London

 SW4 7BX

 Or email it to **secretary@iia.org.uk**

1. \* If membership number is not known, please give address [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)