

THE IRISH INSTITUTE OF PENSIONS MANAGEMENT

CONFIDENTIAL APPLICATION FOR ELECTION FOR FELLOWSHIP

FELLOWS / EMPLOYER ATTESTATION

IN SUPPORT OF: _____

1. I can confirm that I have read the attached copy application completed by the applicant and:

(a) I can confirm from personal knowledge that the details relating to the following post(s) are correct:

*YES/NO _____

*YES/NO _____

*YES/NO _____

(b) I can confirm that the other details are correct to the best of my knowledge and belief.

*YES/NO _____

*YES/NO _____

*YES/NO _____

2. How long have you personally known the applicant? _____ Years.

Please describe briefly the circumstances in which you have known the applicant.

*Delete as appropriate. Please complete Question 3 on the next page.

3. Please describe briefly the contribution you consider the applicant will be able to make to the aims and work of the Irish Institute of Pensions Management.

I confirm the applicant holds a senior position in his organisation.

Name:

Fellow of the Irish Institute of Pensions Management / Employer (Delete as appropriate)

Signed:

Dated:

To be returned with the copy application to which it relates in an envelope marked "Fellowship Application – Confidential" addressed to:

Rose Leonard, President
The Irish Institute of Pensions Management
National College of Ireland
IFSC, Dublin 2

To arrive not later than 28th October 2016.

- NB
1. The information supplied on this form will be treated with the utmost confidence and will be used solely for the purpose of the consideration for election to Fellowship.
 2. The decision of Council in respect of this application is final and no correspondence will be entered into.
-
-