



**THE IRISH INSTITUTE OF PENSIONS MANAGEMENT
CONFIDENTIAL APPLICATION FOR ELECTION FOR FELLOWSHIP**

FELLOWS / EMPLOYER ATTESTATION

IN SUPPORT OF: _____

1.

(a) I can confirm that I have read the attached copy application completed by the applicant
YES/NO

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

- 1. _____ YES/NO
- 2. _____ YES/NO
- 3. _____ YES/NO

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

- 1. _____ YES/NO
- 2. _____ YES/NO
- 3. _____ YES/NO

2. How long have you personally known the applicant?

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

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/her organisation. YES/NO

Attestor Name : _____

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

Signed : _____

Dated : _____

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

Elma Fox, President
The Irish Institute of Pensions Management
Suite 2, Slane House
25 Lower Mount Street
Dublin 2

To arrive not later than 28th October 2019.

N.B.

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.*