

RISK MANAGEMENT AWARD OF EXCELLENCE 2014/15



Nomination/Application Form

DATELINE: 15 JUNE 2015

1. Application or Nomination? (Please check one)

I am NOMINATING the individual/ Company below.

My contact info is:

Name: _____

Phone: _____

Email: _____

I am APPLYING.

Relationship with Nominee: _____

Number of years known : _____

2. Applicant / Nominee contact info

Company/ organization: _____

Name / Contact Person: _____

Title : _____

Address : _____

Phone : _____

Fax: _____

E-mail: _____

Nature of business : _____

Number of employees: _____

Company's Annual Turnover : _____

3. Industry Specialization. (Please check one)

Aviation

Higher Education

Real Estate

Chemicals

Insurance

Retail/Wholesale

Construction

Investment

Sports-Entertainment

Energy

Manufacturing

Technology

Financial Services/Institutions

Marine

Transportation

Gaming/Hospitality

Pharmaceuticals/Life Sciences

Utilities

Healthcare

Public Sector