

Key contributions to the ACI and/or the compliance profession:

Impact and Outcomes of Contributions:

Please note any supporting evidence, publications, awards or testimonials here:

Attachments can be submitted with this form.

4. DECLARATION

We, the undersigned nominators, declare that the above information is true and correct and submit this nomination in accordance with the ACI Constitution and By-Laws.

PROPOSER:	SECONDER:
Name:	Name:
ACI Member Number:	ACI Member Number:
Email:	Email:
Signature:	Signature:
Date:	Date: