



## ALUCA LIFE INSURANCE EXCELLENCE AWARDS

### MANAGER'S CONFIRMATION FORM

I confirm that to the best of my knowledge and belief that the information is correct and I recommend the individual's / team application.

MANAGER'S SIGNATURE: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

#### NOTE:

Please copy and save as PDF to upload with the submission.

I.e. **NomineeName**-Category-Managersconfirmation