



## Declaration

I hereby declare that I have read and understood the MII Code of Ethics (*a copy of which is on the MII web site [www.themii.ie/code-of-ethics.jsp](http://www.themii.ie/code-of-ethics.jsp)*) and agree to be bound by its terms.

I declare that I have in existence appropriate professional indemnity insurance for my type and size of practice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: *(please print)*: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

*Please sign and complete this form and return to the MII, 35 Fitzwilliam Place, Dublin 2. If you have any queries, please contact the MII by email at [info@themii.ie](mailto:info@themii.ie) or by phone at 01 609 9190.*

