The Grand Council of the Order of Royal and Select Masters of England and Wales and its Districts and Councils Overseas

DISPENSATION IN RESPECT OF A MASTER ELECT

To be Completed by the Master and Recorder

Council Recorder: This Form is to be completed and sent to the District Grand Recorder (with cheque/BACS receipt)

District Grand Recorder: Please forward with cheque to The Registrations Department, Mark Masons' Hall, 86 St James's Street, London SW1A 1PL, or via email, only if paying by BACS and accompanied with BACS receipt to registrations@mmh.org.uk

Any request for a dispensation received less than 21 days before it is required will be treated as a nunc pro tunc and charged accordingly

TO THE MOST ILLUSTRIOUS GRAND MASTER ***we, the undersigned, being the Master and Recorder of***

1. COUNCIL NAME
2. NUMBER
3. DISTRICT

respectfully request on behalf of the members of the Council that a Dispensation be granted to enable

4. COMPANION *Initials & Surname*
5. FORENAMES IN FULL
6. DECORATIONS AND HONOURS
7. STYLE OR TITLE *(e.g. Mr, Sir, Brigadier)*
8. ADDRESS (i)
(ii)
(iii)
(iv)
(v)
(vi) POSTCODE

to be Installed as Master of this Council,
notwithstanding that contrary to the Constitutions and Regulations *(Please tick as appropriate)*

(i) He has not previously served the office of Deputy Master/Principal conductor of the Work in a Council of The Order of Royal and Select Masters for one complete year, that is from one Installation to the next. ☐

(ii) He is at present Master of _____ Council No. ____ and will still be occupying that office on the date of the Installation of this Council. ☐

(iii) He has been re-elected to continue as Master of the Council for a third consecutive year. ☐

(iv) For reasons detailed overleaf. ☐

we are pleased to confirm that Companion

(Initials & Surname)

was regularly elected as Master for the ensuing year ON

and it is considered that it will be in the best interest of the Council and for the good of the Order generally if he is Installed as Master ON

NAME OF RECORDER *(Initials & Surname)*

SIGNATURE OF RECORDER DATE

NAME OF MASTER *(Initials & Surname)*

SIGNATURE OF MASTER DATE

RECOMMENDED BY *(Initials & Surname)*

SIGNATURE OF DISTRICT GRAND MASTER DATE

9. **CHEQUE** ◯ **BACS** ◯ **PAYMENT OF** _____ **DATE BACS PAID** _____ **BACS REF.** _____
(Please tick as appropriate)

If paying by BACS you MUST enclose receipt of payment with this form

This form should be accompanied with the appropriate fee at least 21 days before the date of Installation and **MUST** be recommended by the District Grand Master when applicable.

Office use Date received _____ Invoice ☐ NPT ☐ Dispensation No. _____

ANY ADDITIONAL COMMENTS