## The Grand Lodge of Mark Master Masons of England and Wales and its Districts and Lodges Overseas REQUEST FOR DISPENSATION IN RESPECT OF A MASTER ELECT

## To be Completed by the Master and Secretary

If this form is to be completed in ink use BLOCK CAPITALS and send via the Provincial/District Grand Secretary to: The Grand Secretary, Mark Masons' Hall, 86 St James's Street, London SWIA IPL

TO THE MOST WORSHIPFUL GRAND MASTER we, the undersigned, being the Master and Secretary of						
1	. LODGE NAME					
2	. NUMBER					
3	. PROVINCE/DISTRICT	PROVINCE/DISTRICT				
	respectfully reques	respectfully request on behalf of the members of the Lodge that a Dispensation be granted to enable				
4	. BROTHER Initials	s & Surname				
5	. FORENAMES IN FULL					
6	. DECORATIONS AND HO		STYLE OR TITLE			
8	. ADDRESS	DRESS (i) (e.g. Mr, Sir, Brigadier)				
		(ii)				
		(iii)				
		(iii) (iv)				
		(v)				
te	o be Installed as Master oj	f this Lodge,		(vi) POSTCODE		
notwithstanding that contrary to the Constitutions and Regulations (please tick the appropriate box)						
<ul> <li>(i) He has not previously served the office of Warden in a Lodge of Mark Master Masons for one complete year, that is from one Installation to the next.</li> </ul>						
	(ii) He has not previously served the office, of Master of a regular Craft Lodge of Freemasons.					
	(iii) He is not a subscribing member of a regular Craft Lodge of Freemasons.					
	(iv) He is at present Master of another Lodge of Mark Master Masons and will still be occupying that office on the date of the Installation Meeting of this Lodge.					
	(v) He has been re-elected to continue as Master of the Lodge for a third consecutive year.					
(vi) For reasons detailed overleaf.						
we are pleased to confirm that Brother						
		(Initials & Surname)				
	was regularly elected a	s Master for the ensu	ing year	ON		
and it is considered that it will be in the best interest of the Lodge and for the good of the Order generally if he is Installed as Master ${ m ON}$						
	NAME OF OFORTADY	(Initials &				
	NAME OF SECRETARY	Surname)				
SIGNATURE OF SECRETARY			D	ATE		
	NAME OF MASTER	(Initials & Surname)				
	SIGNATURE OF MASTER			D	DATE	
	RECOMMENDED BY	(Initials & Surname)				
	SIGNATURE OF PROVINCIAL/ DATE DATE				DATE	
1.	This petition must reach the Grand Secretary with the appropriate fee at least three weeks before the date of Installation and <b>MUST</b> be recommended by the Provincial/District Grand Master when applicable.					
2.	A Dispensation, if granted, will be sent to the Provincial/District Grand Secretary. FEE RECEIVED					
	Date Recieved					

Keystone  $\square$  Save  $\square$  Scan  $\square$  Invoice  $\square$  NPT  $\square$  Dispensation No.