

REQUEST FOR DISPENSATION IN RESPECT OF A SOVEREIGN ELECT

To be Completed by the Sovereign and Recorder
If this form is to be completed in ink use BLOCK CAPITALS and send via the Divisional Recorder to: **RCC**
The Grand Recorder, The Registry of the Order, Mark Masons' Hall, 86 St James's Street, London SW1A 1PL

TO THE MOST ILLUSTRIOUS GRAND SOVEREIGN

we, the undersigned, being the Sovereign and Recorder of

1. CONCLAVE NAME

2. NUMBER

3. DIVISION

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

4. KNIGHT

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 Sovereign of this Conclave,

notwithstanding that contrary to the Statutes

(please tick the appropriate box)

(i) He has not previously been consecrated and Installed as an Eusebius of the Order and confirmed as a Viceroy in a regular Conclave of Grand Imperial Conclave.

(ii) He is at present Sovereign of

Conclave No.

and will still be occupying that office on the date of the Installation of this Conclave.

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

(iv) For reasons detailed overleaf.

we are pleased to confirm that Knight

(Initials & Surname)

was regularly elected as Sovereign for the ensuing year

ON

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

ON

NAME OF RECORDER

(Initials & Surname)

SIGNATURE OF RECORDER

DATE

NAME OF SOVEREIGN

(Initials & Surname)

SIGNATURE OF SOVEREIGN

DATE

RECOMMENDED BY

(Initials & Surname)

SIGNATURE OF INDENDANT-GENERAL

DATE

1. This petition must reach the Grand Recorder with the appropriate fee at least three weeks before the date of Installation and **MUST** be recommended by the Indendant-General when applicable.

2. A Dispensation, if granted, will be sent to the Divisional Recorder.

FEE RECEIVED

Office use

Date Recieved

Keystone ☐ Save ☐ Scan ☐ Invoice ☐ NPT ☐ Dispensation No.

ANY ADDITIONAL COMMENTS

| |

—
