

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

## REQUEST FOR DISPENSATION IN RESPECT OF A MASTER ELECT

To be Completed by the Master and Recorder

This form must be completed using typescript or block letters and sent via the District Grand Recorder to:  
The Grand Recorder, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL immediately after the Installation of the Master.

**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 the appropriate box)*

- (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 another Council of The Order of Royal and Select Masters and will still be occupying that office on the date of the Installation Meeting 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

NAME OF MASTER (Initials & Surname)

SIGNATURE MASTER

RECOMMENDED BY (Initials & Surname)

SIGNATURE OF DISTRICT GRAND MASTER  DATE

### NOTES

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 District Grand Master when applicable.
2. A Dispensation, if granted, will be sent to the District Grand Recorder.

### OFFICIAL USE ONLY

DISPENSATION No.

FEE RECEIVED £  .

ANY ADDITIONAL COMMENTS

### CHANGE OF DETAILS

If there have been any changes in respect of the below, please tick the appropriate box, and complete the details.

RECORDER

TREASURER

#### Recorder / Treasurer *(delete as necessary)*

1. INITIALS AND SURNAME	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>						
2. FORENAMES IN FULL	<input type="text"/>							
3. DECORATIONS AND HONOURS	<input type="text"/>	4. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i> <input type="text"/>						
5. ADDRESS	(i)	<input type="text"/>						
	(ii)	<input type="text"/>						
	(iii)	<input type="text"/>						
	(iv)	<input type="text"/>						
	(v)	<input type="text"/>						
6. DATE OF BIRTH	<table border="1"><thead><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	(vi) POSTCODE <input type="text"/>
	DAY	MONTH	YEAR					
<input type="text"/>	<input type="text"/>	<input type="text"/>						
7. TELEPHONE	HOME <input type="text"/>	WORK <input type="text"/>						
	MOBILE <input type="text"/>	FAX <input type="text"/>						
	E-MAIL <input type="text"/>							