

The Ancient and Honourable Fraternity of Royal Ark Mariners

REQUEST FOR DISPENSATION IN RESPECT OF A COMMANDER ELECT

To be Completed by the Commander and Scribe

This form must be completed using typescript or block letters and sent via the Provincial/District Grand Secretary to:
The Grand Secretary, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL

TO THE MOST WORSHIPFUL GRAND MASTER

we, the undersigned, being the Commander and Scribe of

1. LODGE NAME

2. NUMBER

3. PROVINCE/DISTRICT

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

4. BROTHER (Initials & Surname)

RENAMES IN FULLS.

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 Commander of this Lodge, notwithstanding that contrary to the Constitutions and Regulations *(please tick the appropriate box)*

- (i) He has not previously served the office of Warden in a Lodge of Royal Ark Mariners for one complete year, that is from one Installation to the next.
- (ii) He has not previously served the office, of Master of a Lodge of Mark Master Masons.
- (iii) He is at present Commander of another Lodge of Royal Ark Mariners and will still be occupying that office on the date of the Installation Meeting of this Lodge.
- (iv) He has been re-elected to continue as Commander of the Lodge for a third consecutive year.
- (v) For reasons detailed overleaf.

we are pleased to confirm that Brother (Initials & Surname)
was regularly elected as Commander for the ensuing 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 Commander ON

NAME OF SCRIBE (Initials & Surname)

SIGNATURE OF SCRIBE

NAME OF COMMANDER (Initials & Surname)

SIGNATURE OF COMMANDER

RECOMMENDED BY (Initials & Surname)

SIGNATURE OF PROVINCIAL / DISTRICT GRAND MASTER

DATE

NOTES

- This petition must reach the Grand Secretary with the appropriate fee at least three weeks before the date of Installation and **MUST** be recommended by the Provincial/District Grand Master when applicable.
- A Dispensation, if granted, will be sent to the Provincial/District Grand Secretary.

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.

SCRIBE

TREASURER

Scribe / 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"/>							