The Grand Council of the Order of the Allied Masonic Degrees of England and Wales and Districts and Councils Overseas REQUEST FOR DISPENSATION IN RESPECT OF A MASTER ELECT To be Completed by the Master and Secretary

AMD

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

TO THE MOST WORSHIPF	UL GRAND MASTER;	we, the undersign	ned, being the Master and Secretary of	
1. COUNCIL NAME		, ,	, ,	
2. NUMBER				
3. DISTRICT				
respectfully request	t on behalf of the member	rs of the Council that	a Dispensation be granted to enable	
4. BROTHER (Initial	ials&Sumame)			
5. FORENAMES IN FULL				
6. DECORATIONS AND HONOURS	(5)	· -	TYLE OR TITLE Mr, Sir, Brigadier)	
8. ADDRESS	(i) (ii)			
	(iii)			
	(iv)			
	(v)			
to be Installed as Master			(vi) POSTCODE	
notwithstanding that contra	ry to the Constitutions a	and Regulations;	(please tick the appropriate box)	
-	eviously served the office of e complete year, that is from		cil of The Order of Allied Masonic o the next.	
	nt Master of another Coun hat office on the date of th		llied Masonic Degrees and will still ng of this Council	
(iii) He has been re-	-elected to continue as Ma	aster of the Council fo	or a third consecutive year.	
(iv) For reasons det	tailed overleaf.			
we are pleased to confi	rm that Brother;			
	(Initials & Surname)			
was regularly ele	ected as Master for the e	ensuing year on;		
and it is considered that it and for the good of the Orde	er generally if he is Install			
NAME OF SECRETARY	(Initials & Surname)			
SIGNATURE OF SECRETAR	Y		DATE	
NAME OF MASTER	(Initials & Surname)			
SIGNATURE MASTER			DATE	
RECOMMENDED BY	(Initials & Surname)			
SIGNATURE OF DISTRICT OF MASTER	GRAND		DATE	
	e Grand Secretary with the ap by the District Grand Master		aree weeks before the date of Installation	
2. A Dispensation, if granted, v	will be sent to the District Gra	and Secretary.		
DISPENS	OFFICI SATION NO.	IAL USE ONLY	FEE RECEIVED	

2. FORENAMES IN FULL 3. DECORATIONS AND HONOURS 4. STYLE OT TITLE (e.g. Mr, Sir, Brigadier) 5. ADDRESS (ii) (iii) (iv) (v) (v) (vi) POSTCODE			
If there have been any changes in respect of the below, please tick the appropriate box, and complete the details. SECRETARY TREASURER Secretary Treasurer Grand Officer (DELETE AS NECESSARY) I. INITIALS AND SURNAME I. FORENAMES IN FULL I. DECORATIONS AND HONOURS II. (ii) II. (iii) II. (iv) II. (v) II. (v) II. (v) II. (vi) POSTCODE II. DATE OF BIRTH II. TELEPHONE HOME WORK	ANY ADDITIONAL CO	OMMENTS	
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