The Ancient and Honourable Fraternity of Royal Ark Mariner
DISPENSATION IN RESPECT OF A COMMANDER ELECT

To be completed by the Commander and Scribe

Lodge Scribe: This Form is to be completed and sent to the Provincial/District Grand Secretary (with cheque/BACS receipt)
Provincial/District Grand Secretary: Please forward with cheque to The Registrations Department, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL, or via email, only if paying by BACS and accompanied with BACS receipt to registrations@mmh.org.uk

Any request for a dispensation received less than 21 days before it is required will be treated as a nunc pro tunc and charged accordingly

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

(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 _____ Lodge No. ____ 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 DATE

NAME OF COMMANDER *(Initials & Surname)*

SIGNATURE OF COMMANDER DATE

RECOMMENDED BY *(Initials & Surname)*

SIGNATURE OF PROVINCIAL/ DISTRICT GRAND MASTER DATE

9. **CHEQUE** ◯ **BACS** ◯ **PAYMENT OF** _____ **DATE BACS PAID** _____ **BACS REF.** _____
(Please tick as appropriate)

If paying by BACS you MUST enclose receipt of payment with this form

This form should be accompanied with the appropriate fee at least 21 days before the date of Installation and **MUST** be recommended by the Provincial/District Grand Master when applicable.

Office use Date received _____ Invoice ☐ NPT ☐ Dispensation No. _____

ANY ADDITIONAL COMMENTS