

The Ancient and Honourable Fraternity of Royal Ark Mariner

DISPENSATION IN RESPECT OF A LODGE

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 for the following reason(s)

(i) a. Change of Regular meeting from _____ to be held on _____ (D'YUgY ghUHY cb fY) YfgYcZZfa
fYUgcb Zf WUb[YcZXUHL

b. Is this change of date for the Installation meeting Yes No

(ii) To enable a meeting of the Lodge to be held at the following place. *(Only applies to unattached Lodges)*

(Which is not the venue detailed in the by-laws.)

(iii) The Warrant of the Lodge not being available, for the reasons detailed overleaf, the members desire to hold a meeting of the Lodge without the Warrant.

(iv) For reasons detailed overleaf.

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

4. **CHEQUE** **BACS** **PAYMENT OF**
(Please tick as appropriate)

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

DATE BACS PAID

BACS REFERENCE

This form should be accompanied with the appropriate fee at least 21 days before the date of the meeting 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.

Office use

Date received

Invoice NPT Dispensation No.

ANY ADDITIONAL COMMENTS