

Grand Priory of England and Wales

K.B.H.C. CERTIFICATE APPLICATION FORM

To be Completed by the Chancellor of the Prefecture

This form must be completed using typescript or block letters and sent within fourteen days of promotion of the candidate to:
The Grand Chancellor, KBHC, Mark Masons' Hall, 86 St. James's Street, London, SW1A 1PL

<p>1. PREFECTURE</p>	<input style="width: 100%; height: 20px;" type="text"/>									
K.B.H.C.										
<p>2. REVEREND KNIGHT</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: small;">(Initials)</td> </tr> </table>					(Initials)				<input style="width: 100%; height: 20px;" type="text"/> <p style="text-align: center; font-size: small;">(Surname)</p>
(Initials)										
<p>3. FORENAMES IN FULL</p>	<input style="width: 100%; height: 20px;" type="text"/>									
<p>4. MMH MEMBERSHIP NUMBER (if known)</p>	<input style="width: 100%; height: 20px;" type="text"/>									
<p>5. VI° DEGREE</p>	<p>DATE PROMOTED</p> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>ON</p>									
	<p>PREFECTURE NAME</p> <input style="width: 100%; height: 20px;" type="text"/> <p>IN</p>									
<p>6. NAME OF CHANCELLOR (Initials & Surname)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> </table>					<input style="width: 100%; height: 20px;" type="text"/>				
<p>7. SIGNATURE OF CHANCELLOR</p>	<div style="border: 1px solid black; width: 300px; height: 30px; margin: 0 auto;"></div>	<p>DATED</p> <table border="1" style="margin: auto; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20px; text-align: center;">DAY</td> <td style="width: 20px; text-align: center;">MONTH</td> <td style="width: 20px; text-align: center;">YEAR</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	DAY	MONTH	YEAR					
DAY	MONTH	YEAR								

Please take a photocopy of this form when completed and retain it for your Prefecture records