Grand Imperial Conclave for England and Wales and its Divisons and Conclaves Overseas of the Masonic and Military Order of the Red Cross of Constantine, and the Orders of the Holy Sepulchre and of St. John the Evangelist

REQUEST FOR DISPENSATION IN RESPECT OF A SOVEREIGN ELECT

To be Completed by the Sovereign and Recorder

This form must be completed using typescript or block letters and sent via the Divisional Grand Recorder to: The Grand Recorder, Registry of the Order, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL

TO THE MOST ILLUSTRIOUS GRAND SOVEREIGN *we, the undersigned, being the Sovereign and Recorder of*

1. CONCLAVE NAME
2. NUMBER
3. DIVISION

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

4. KNIGHT *(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 Enthroned as Sovereign of this Conclave,

notwithstanding that contrary to the Statutes *(please tick the appropriate box)*

(i) He has not previously served the office of Viceroy in a Conclave of Grand Imperial Conclave for one complete year, that is from one Installation to the next. ☐

(ii) He is at present Sovereign of another Conclave of Grand Imperial Conclave and will still be occupying that office on the date of the Installation Meeting of this Conclave. ☐

(iii) He has been re-elected to continue as Sovereign of the Conclave for a third consecutive year. ☐

(iv) For reasons detailed overleaf. ☐

we are pleased to confirm that Knight *(Initials & Surname)*

was regularly elected as Sovereign for the ensuing year ON

and it is considered that it will be in the best interest of the Conclave and for the good of the Order generally if he is Installed as Sovereign ON

NAME OF RECORDER *(Initials & Surname)*

SIGNATURE OF RECORDER

NAME OF SOVEREIGN *(Initials & Surname)*

SIGNATURE SOVEREIGN

RECOMMENDED BY *(Initials & Surname)*

SIGNATURE OF INTENDANT GENERAL

DATE

NOTES

1. This petition must reach the Grand Recorder with the appropriate fee at least three weeks before the date of Installation and **MUST** be recommended by the Intendant General when applicable.
2. A Dispensation, if granted, will be sent to the Divisional Recorder.

OFFICIAL USE ONLY

DISPENSATION No. FEE RECEIVED £

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

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.

RECORDER ☐ TREASURER ☐

Recorder / Treasurer *(delete as necessary)*

1. INITIALS AND SURNAME
2. FORENAMES IN FULL
3. DECORATIONS AND HONOURS
4. STYLE OR TITLE *(e.g. Mr, Sir, Brigadier)*
5. ADDRESS
   (i)
   (ii)
   (iii)
   (iv)
   (v)
   (vi) POSTCODE
6. DATE OF BIRTH — DAY MONTH YEAR
7. TELEPHONE
   HOME
   WORK
   MOBILE
   FAX
   E-MAIL