

The Great Priory of the United Religious, Military and Masonic Orders of the Temple and of St. John of Jerusalem, Palestine, Rhodes and Malta of England and Wales and its Provinces Overseas

DISPENSATION IN RESPECT OF A PRECEPTOR ELECT

To be completed by the Preceptor and Registrar.

Preceptory Registrar: This Form is to be completed and sent to the Provincial Vice-Chancellor (with cheque/BACS receipt)

Provincial Vice-Chancellor: 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

TO THE MOST EMINENT AND SUPREME GRAND MASTER *we, the undersigned, being the Preceptor and Registrar of*

- 1. PRECEPTORY NAME
- 2. NUMBER
- 3. PROVINCIAL PRIORY

respectfully request on behalf of the members of the Preceptory 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 Installed as Preceptor of this Preceptory, notwithstanding that contrary to the Statutes

(Please tick as appropriate)

- (i) He has not previously served the office of Constable in a Preceptory of Knight Templars for one complete year, that is from one Installation to the next.
- (ii) He is at present Preceptor of _____ Preceptory No. _____ and will still be occupying that office on the date of the Installation of this Preceptory.
- (iii) He has been re-elected to continue as Preceptor of the Preceptory for a third consecutive year.
- (iv) For reasons detailed overleaf.

we are pleased to confirm that Knight

(Initials & Surname)

was regularly elected as Precptor for the ensuing year ON

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

NAME OF REGISTRAR *(Initials & Surname)*

SIGNATURE OF REGISTRAR _____ DATE _____

NAME OF PRECEPTOR *(Initials & Surname)*

SIGNATURE OF PRECEPTOR _____ DATE _____

RECOMMENDED BY *(Initials & Surname)*

SIGNATURE OF PROVINCIAL PRIOR _____ DATE _____

9. CHEQUE BACS PAYMENT OF _____ BACS REF. _____ **If paying by BACS you MUST enclose receipt of payment with this form**

This form should be accompanied with the appropriate fee at least three weeks before the date of Installation and **MUST** be recommended by the Provincial Prior when applicable.

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