

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

REQUEST FOR DISPENSATION IN RESPECT OF A PRECEPTORY

To be Completed by the Preceptor and Registrar

This form must be completed using typescript or block letters and sent via the Provincial Vice Chancellor to:
The Great Vice-Chancellor, The Chancery of the Orders, Mark Masons Hall, 86 St. James's Street, London SW1A 1PL

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 for the following reason(s)

(i) To enable a meeting of the Preceptory to be held on (Please tick appropriate box)
(Which is not a regular meeting date as detailed in the bylaws)

(ii) To enable a meeting of the Preceptory to be held at the following.

(Which is not the venue detailed in the bylaws)

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

(iv) For reasons detailed overleaf.

NAME OF REGISTRAR (Initials & Surname)

SIGNATURE OF REGISTRAR

NAME OF PRECEPTOR (Initials & Surname)

SIGNATURE OF PRECEPTOR

RECOMMENDED BY (Initials & Surname)

SIGNATURE OF PROVINCIAL PRIOR

DATE

NOTES

- This petition must reach the Great Vice - Chancellor with the appropriate fee at least three weeks before the date of the meeting and **MUST** be recommended by the Provincial Prior when applicable.
- A Dispensation, if granted, will be sent to the Provincial Vice-Chancellor.

OFFICIAL USE ONLY

DISPENSATION No.

FEE RECEIVED £

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.

REGISTRAR

TREASURER

Registrar / Treasurer *(delete as necessary)*

1. INITIALS AND SURNAME	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>						
2. FORENAMES IN FULL	<input type="text"/>							
3. DECORATIONS AND HONOURS	<input type="text"/>	4. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i> <input type="text"/>						
5. ADDRESS	(i)	<input type="text"/>						
	(ii)							
	(iii)							
	(iv)							
	(v)							
6. DATE OF BIRTH	<table border="1"> <thead> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	(vi) POSTCODE <input type="text"/>
DAY	MONTH	YEAR						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
7. TELEPHONE	HOME	<input type="text"/>	WORK	<input type="text"/>				
	MOBILE	<input type="text"/>	FAX	<input type="text"/>				
	E-MAIL	<input type="text"/>						