

**REQUEST FOR DISPENSATION IN RESPECT OF A COUNCIL****To be completed by the Master and Secretary.****Council Secretary:** This Form is to be completed and sent to the District Grand Secretary (with cheque/BACS receipt)**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 Master and Secretary of*

1. COUNCIL NAME

2. NUMBER

3. DISTRICT

**respectfully request on behalf of the members of the Council that a Dispensation be granted for the following reason(s)**

(i) a. Change of Regular meeting from \_\_\_\_\_ to be held on \_\_\_\_\_ (Please state on reverse of form reason for change of date)

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

(ii) To enable a meeting of the Council to be held at the following place. *(Only applies to unattached Councils)**(Which is not the venue detailed in the by-laws.)*

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

(iv) For reasons detailed overleaf.

NAME OF SECRETARY *(Initials & Surname)*

SIGNATURE OF SECRETARY

NAME OF MASTER *(Initials & Surname)*

SIGNATURE OF MASTER

RECOMMENDED BY *(Initials & Surname)*SIGNATURE OF DISTRICT  
GRAND PREFECT

DATE

4. CHEQUE BACS PAYMENT OF BACS REF.  
*(Please tick as appropriate)****If paying by BACS you MUST enclose receipt of payment with this form***

## NOTES

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 District Grand Prefect when applicable.

A Dispensation, if granted, will be sent to the District Grand Secretary.

**Office use**

Date received

Keystone  Save  Scan  Invoice  NPT  Dispensation No.

ANY ADDITIONAL COMMENTS