

**Grand Conclave of the Order of the Secret Monitor, or Brotherhood  
of David and Jonathan, in the British Isles and in Territories Overseas  
REQUEST FOR DISPENSATION IN RESPECT OF A SUPREME RULER**

To be Completed by the Supreme Ruler and Secretary

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

<b>TO THE MOST WORTHY GRAND SUPREME RULER</b>		<i>we, the undersigned, being the Supreme Ruler and Secretary of</i>
1. CONCLAVE NAME	<input style="width: 100%;" type="text"/>	
2. NUMBER	<input style="width: 100%;" type="text"/>	
3. PROVINCE/DISTRICT	<input style="width: 100%;" type="text"/>	
<i>respectfully request on behalf of the members of the Conclave that a Dispensation be granted to enable</i>		
4. BROTHER	<i>(Initials &amp; Surname)</i>	<input style="width: 100%;" type="text"/>
5. FORENAMES IN FULL	<input style="width: 100%;" type="text"/>	
6. DECORATIONS AND HONOURS	<input style="width: 100%;" type="text"/>	7. STYLE OR TITLE <small>(e.g. Mr, Sir, Brigadier)</small> <input style="width: 100%;" type="text"/>
8. ADDRESS	(i)	<input style="width: 100%;" type="text"/>
	(ii)	<input style="width: 100%;" type="text"/>
	(iii)	<input style="width: 100%;" type="text"/>
	(iv)	<input style="width: 100%;" type="text"/>
	(v)	<input style="width: 100%;" type="text"/>
		(vi) POSTCODE
<i>to be Installed as Supreme Ruler of this Conclave,</i>		
notwithstanding that contrary to the Constitutions and Regulations		<i>(please tick the appropriate box)</i>
(i)	He has not previously served the office of Counsellor/Guide in a Conclave of The Order of the Secret Monitor for one complete year, that is from one Installation to the next.	<input type="checkbox"/>
(ii)	He is at present Supreme Ruler of another Conclave of The Order of the Secret Monitor and will still be occupying that office on the date of the Installation Meeting of this Conclave.	<input type="checkbox"/>
(iii)	He has been re-elected to continue as Supreme Ruler of the Conclave for a third consecutive year.	<input type="checkbox"/>
(iv)	For reasons detailed overleaf.	<input type="checkbox"/>
<i>we are pleased to confirm that Brother</i> <input style="width: 100%;" type="text"/>		
<i>was regularly elected as Supreme Ruler for the ensuing year</i> ON <input style="width: 100%;" type="text"/>		
<i>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 Supreme Ruler</i> ON <input style="width: 100%;" type="text"/>		
NAME OF SECRETARY	<i>(Initials &amp; Surname)</i>	<input style="width: 100%;" type="text"/>
SIGNATURE OF SECRETARY	<input style="width: 100%;" type="text"/>	
NAME OF SUPREME RULER	<i>(Initials &amp; Surname)</i>	<input style="width: 100%;" type="text"/>
SIGNATURE SUPREME RULER	<input style="width: 100%;" type="text"/>	
RECOMMENDED BY	<i>(Initials &amp; Surname)</i>	<input style="width: 100%;" type="text"/>
SIGNATURE OF PROVINCIAL/ DISTRICT GRAND SUPREME RULER	<input style="width: 100%;" type="text"/>	
	DATE	<input style="width: 100%;" type="text"/>
<b>NOTES</b>		
1. This petition must reach the Grand Recorder with the appropriate fee at least three weeks before the date of Installation and <b>MUST</b> be recommended by the Provincial/District Grand Supreme Ruler when applicable.		
2. A Dispensation, if granted, will be sent to the Provincial/District Grand Recorder.		
<b>OFFICIAL USE ONLY</b>		
DISPENSATION No.	<input style="width: 100%;" type="text"/>	FEE RECEIVED £ <input style="width: 100%;" type="text"/>

## CHANGE OF DETAILS

### Secretary / Treasurer / Grand Officer *(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
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. TELEPHONE

HOME  WORK

MOBILE  FAX

E-MAIL

### Secretary / Treasurer / Grand Officer *(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)

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(iii)

(iv)

(v)

(vi) POSTCODE

6. DATE OF BIRTH

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. TELEPHONE

HOME  WORK

MOBILE  FAX

E-MAIL

### GRAND OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION *(delete as necessary)*

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. GRAND RANK

### GRAND OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION *(delete as necessary)*

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. GRAND RANK