

SUPREME COUNCIL 33°

Form of Recommendation of Candidate to 30°

District/Group: _____

Chap. Name: _____

Chap.No: _____

CANDIDATE DETAILS

Surname: _____

FULL Christian Names: _____

Dates (dd/mm/yyyy) Birth: _____ Perfection: _____ Enthronement: _____

Full Postal Address Address 1: _____

Address 2: _____

City: _____

County: _____ Post Code: _____

Telephone Home: _____ Mob: _____ Work: _____

e-mail: _____

NOTE: For Supreme Council use only. No information will be passed on to any third party.

DATES OF WORK UNDERTAKEN IN CHAPTER (dd/mm/yyyy)

As General Int. Degrees: _____ 2nd. Point 2nd Part: _____

As MWS Int. Degrees: _____ 1st. Point: _____

2nd. Point: _____ 3rd. Point: _____

Enthroned Successor: _____

REMARKS BY CHAPTER

For Qualification of Candidates see Rule 70(a)

Signed: _____ Past MWS Date: _____

In Accordance with Rule No. 72

REMARKS BY INSPECTOR GENERAL

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Data Chkd: _____ Date Elect: _____ Date Offd: _____ Date Change: _____