

## The Ancient and Honourable Fraternity of Royal Ark Mariner

## **DUPLICATE CERTIFICATE APPLICATION FORM**

To be completed by the Brother concerned (Please follow instructions where to send form in section 8 of the form)

Lodge Scribe: This Form is to be completed and sent to the Provincial/District Grand Secretary (with cheque/BACS receipt) Provincial/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 the BACS receipt to registrations@mmh.org.uk

| 1.   | MMH NUMBER (if known)  |            |            |             |  |
|--|--|------------|------------|-------------|--|
| 2.   | BROTHER  | (Initials) | (Surname)  |             |  |
| 3.   | FORENAMES IN FULL  |            |            |             |  |
| 4.   | PROVINCE/DISTRICT  |            |            |             |  |
| 5.   | ELEVATED IN LODGE NAME   | C          |            |             |  |
| 6.   | ELEVATED IN LODGE NO.  |            |            |             |  |
| 7.   | DATE OF ELEVATION  |            |            | Please tick | as appropriate   |
| 8.   | ARE YOU A SUBSCRIBING M  | IEMBER OF  | THE ORDER? | YES         | NO   |
| 0.   | i. If Yes, please foward this form with cheque/<br>Provincial/District Grand Secretary.  |            |            | -           |  |
|  | ii. If No, please foward this form with cheque/BACS receipt to The Registrations Department, Mark. Masons' Hall, 86 St. James's Street<br>London SW1A 1PL, or via email, only if paying by BACS, and accompanied with the BACS receipt to registrations@mmh.org.uk |            |            |             |  |
| 9. REASON FOR REQUEST (Please tick as appropriate)   |  |            |            |             |  |
| LO   | ST STOLEN  | DAMAGED    | OTHER      |             | y reason below, if certificate<br>are incorrect please return<br>with this form) |
| The certificate will be issued to the <u>subscribing</u> Lodge Scribe or direct to the Brother if non-active in the Order.     |  |            |            |             |  |
| 10.  | SIGNATURE OF BROTHER   |            |            |             |  |
| 11.  | NAME OF SCRIBE (if applicable)   |            |            |             |  |
| 12.  | SIGNATURE OF SCRIBE (if ap   | plicable)  |            |             |  |
| 13.  | CHEQUE BACS PAYMENT OF (Please tick as appropriate)  | ]          | BACS REF.  |             | aying by BACS you <u>MUST</u><br>lose receipt of payment<br>with this form       |
| Cheques made payable to GLMMM<br>For BACS details or for a WorldPay credit card payment option please email finance@mmh.org.uk |  |            |            |             |  |