SUPREME COUNCIL 33º
Form of Recommendation of Candidate to 30º

District/Group:

Chapter Name: Chapter No:

CANDIDATE DETAILS

Surname:

FULL Forenames:

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

Full Postal Address:

Post Code:

Telephone: Home: Mobile:

e-mail:

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

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

Please give date when all parts of relevant point have been completed

Int Degrees	1st Point	2nd Point	3rd point	Enthronement

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 Checked: Date Elected: Date Offered: Date Change: