

**Registration of and Return of Office-Bearers For 20.....**

**.......................................................................................................................... Council No. .....................**

The Council Recorder must submit this return immediately after the Installation ceremony.

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| **OFFICE** | **NAME** (in full) |
| Thrice Illustrious Master |  |
| Depute Master |  |
| Principal Conductor of Work |  |
| Recorder |  |

**DECLARATION**

**I certify that on the ................. day of ……………….....................................20............, I installed the above Companions in the presence of the**

**necessary number of Installed TIM and conferred the Installation degrees.**

**Installing Past TIM: ................................................................ Signature: ………………………………………………………..**

**Certificate for TIM is/is not required (strike out non-applicable)**

Fees ($10 each): *Payment must be made to our bank account: 030104 0037158-00. Please include details in the reference field.*