

EAST AFRICA MASONIC FUND

Constituted as a Charitable Trust Fund
21st February, 1961

Secretary
W. Bro. M.W. Holt
P.O. Box 41148,
NAIROBI

FORM OF PETITION AND AGREEMENT FOR A LOAN FROM THE HOSPITAL FUND TO BE SUBMITTED WITH CODICIL

1. Name and Masonic Rank of the Petitioner:
2. Petitioner's Lodge Name, Number and Constitution:
3. Name, No. and Const. of all other Lodges and Chapters of which he is a Member:
4. Amount of Loan required: Sh.
5. Details of payments to be made with the loan. NB: Copies of all bills OR an estimate, certified by a member of the medical profession or senior hospital staff, are to be attached. (continue on reverse if necessary).
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6. Is the Endowed Hospital Bed required? (NB: Nairobi Hospital only)
7. Proposed duration of the loan and arrangements for repayment (Including amounts of Installments).
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8. Possible sources of repayment, e.g. Insurance Claims, Installments, etc.
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9. I agree to repay this loan, if approved, in accordance with the details given in paragraph 7.
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PETITIONER

10. CERTIFICATE OF THE MASTER:

I confirm that this loan, if granted, will have the full support of and will be guaranteed by my Lodge.

Signed: Signed:

Master, Lodge: No: Visiting Brother, Lodge No.

11. APPROVAL

A loan of Sh. to be repaid over a period of
is approved.

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TRUSTEE

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TREASURER

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SECRETARY

P.T.O.

This form was reviewed on 11th September, 1996. Petition forms can only be considered when filled in and signed fully.

This form was reviewed on 18th June 2008. Petition forms will only be considered when fully filled in, signed and submitted with the CODICIL.

