# The Relief Chest Scheme

## Change of Relief Chest Representative

THE FREEMASONS'
GRAND CHARITY

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RC OFFICE USE
RC No……
Date Processed……

**This form should only be completed by the outgoing Representative/Secretary/Scribe/Master**

**Name of Relief Chest**

**Relief Chest No.**

**Details of the outgoing Representative:**

**First Name(s)**

**Surname**

**Details of NEW Representative:**

**Start Date:** / /

**First Name(s)**

**Surname**

**House No** **Address** …… **Telephone No.** ……

…… **Fax No.** ……

…… **Mobile No.** ……

**Post Code** **E-Mail.** ……

**Data Protection Act (1998)**
The Freemasons' Grand Charity is committed to ensuring the privacy and protection of personal information. This information will only be used to identify you as representative of your Relief Chest and will not be shared with a third party. Any information provided by The Relief Chest office is to help the Representative administer their chest and they are expected to treat all information as private and confidential.

**Declaration**
**We have read and understood The Relief Chest Scheme 'Operating Manual and Rules' Handbook.**

**Signed by the New Representative:** **Signed by the outgoing Representative/Secretary/Master:**

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