R.A.F. Form 2520A AIRMAN



Rank
Service Number 789589.51
Surname (ISAAE
Initials.
Class of Release
Age and Service Group No.

IBOC Digital Archive

ON HIS MAJESTY'S SERVICE



The Senior Accountant Officer,

No. 100 Dispersal Centre,

Royal Air Force.

Usbrudye (Post Town)

Milda (County)

AIR MINISTRY

NOTIFICATION OF CHANGE OF ADDRESS FOR FINAL PAYMENT OF PAY AND RELEASE BENEFITS

Not as Advisors
Finel payment will be reads to the address which you gave
at the time of your valence. If, however, you change this
address before you receive final payment, you should complete
this card and a to this Dispersal Gentler from which you.

1305061

In	min K/1
di	us of Roleano A

I desire to inform you that I have changed my address from that given on my release, and I now request that all further payments to be much to me be sent to the following address :—

						Town

earest Post Office

ture of airmage

CONDITIONS OF RELEASE AND

r the provisions of the Armed Forces (Conditions of Service) 1992, YOU ARE HEREBY BELEASUD FROM AIR CE SERVICE, or if a member of the Auxiliary Air Force,

This release is subject to and on the following conditions:

1. You are relegated to a Reserve of the Royal Air Force or less you are a resolve of the A.A.F. in which case you arrests

2. You have not by this release been discharged from 6 Eurobe. You remain liable to recall to Air Force Service up to Europeay in declaral ended by Order in Occural, which ye will be discharged unless you are on an engagement extends heaven the declaration.

 If you are recalled by Special Notice full instructions will be given you as to ware and when you are to report. If are special notice or productation is issued reveloing releases or recalling the reserve to which you belong you must immediatel values the Recognition to instructions in this Book.

 You must notify Air Officer in Records (II. Division). Giocesser, of any charge in your permanent address both for Service reasons and to ensure that any communications in regard to any medals reach you.

8. If you become medically unfit through any electron, injuor other disability which renders you unfit for further servi-

and which is not temporary only, you must write to the A its Records (K. Division), Gionesser, enclosing a medi-

12. The following conditions apply to Class B (National Recor-

CONDITIONS OF RELEASE AND AUTHORISATION

15. The following conditions apply to Class C releases only.

DELEASE AUTHORISATION

PART I

Rask 10 Number 1375951.

To be completed of the above-named aircrass in hereby authorised as a Class. If release, and he is relegated to Clear I at the Dispersal Control.

The reflective date of release (i.e. law day of secretar) in the day of secretary in the control.

is in hereby particled that the above nigroun served in the RAP, on wheth-time service during the following pays 20073 From 70 50 1947 SEP 194

Este of deporture form

day following the date of departure from the Dispersal Centre

RELEASE AUTHORISATION

PART II

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Dispersal Centre Stamp

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NOTES ON PAY AND EMOLUMENTS

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POR CLASS B PETPASE

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2. FOR CLASS C RELEASE

To FOR LASS S. Indicates the Dispersal Centre a payment in cash on secount of the balance of pay due to you. If, however, you are entitled to overeat leave the cash advances to be under at the Dispersal Centre will be horseast. Postal Dispersal Centre will be horseast. Postal Dispersal Centre will be horseast. Postal Dispersal Centre of the payment of the control of the payment of the payment

NOTES ON PAY AND EMOLUMENTS

tent korie from overjees for invitation consent policy in road the final payment, will, in some cases, be unavoidable, a service for War Grantsty and Past-War Credit will be road to form of a deposit in the Post Office Servings Built on 57th, thry after you left the Diaperual Center. A Post O Savings Bush Bush will be the the Control of the Post Office Osvings Bush Bush will be the forevered to you by the H

FOR ALL RELEASES

4. Yos will have given on release an address at which you desire the final payment of your occurant made. If you cleange the address before you receive the final payment of your securior distinct the psystem made to any other address yet should, in order to greeces those or misopropelation, notif the Senior Accounter Other of the Disputsal Centur feet which you other hadden. A coul (Form 2507/20)

5. Payment will be made to the address given on release unle notification of any change is received before payment; the A Minstry will not be reppensible for any loss or manapopulation

6. The balance of pay forwarded to you by the Scales Accountm Officer of the Dispersal Centre does not preclude any adjustment of income tax liability, which the Department of

season sevenas my require to make associated to your recess.

7A. The untillenent of wives, dependent and alletons to RA-R, allowances and alletonic senses at the red of the allowance well (Thursday to Wednesday sinchesire) in which leave expires (se if no leave is granted, at the end of the allowance week in which the simulation departed from ance week in which the simulation departed from the macro week in which the simulation of parted from the property of the simulation o

NOTES ON PAY AND EMOLUMENTS

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70. In creasis cases knowver (e.g. Class A releases,) a form will be sent to payers from the Air Ministry which, an gream statism to the Post Office, will causible them to draw allowance and allormous due for the lost four works in our lump son When payerent is made in this manner, the allorance back will be resisted by the Post Office for return does to the Air Ministry. (Folla current) is an outstand to the procedure of

7C. If the book is improperly encoded with your corniva or owing to your negligence, you may be liable to be processed.

8. Any marries on your final parenent, or War Country enti-

8. Any species on your final payment, or War Gestuirt entitle ment at Post-War Credit anting after receipt of final payment are to be addressed to the Senior Accountant Officer of the Dispersor Centre at which release was effected quoting the following

(a) Class of release (A, B-or O).



REMOBILISATION INSTRUCTIONS

1. Although released you have NOT BEEN DISCHARGED.

2. Until you are firmly discharged when the Emergency is declared ended by Order to Council you still remain liable to recoil to service by public nation or proclamation or by a notice

. If you receive an individual notice you will be sent a travelling arrent with full instructions as to what you are to do and where

4. If a public general notice or proclamation is sense revolutions are rectificated as rectifing the receiver of which you are a merry you obtaind immediately propose yourself to return to duty watch the Press or Public Notices Beards for further instruction to when you are to report.

5. You should report at your Remobilization Station as show below, in Uniform, beinging with you all service closhing as

6. You shreld also being with you (1) this Book containing your Continuous of Service (2) your National Hashib and Passions Enterstance Contribution Card (2) your Unreplayment Incompany Book (4) your Colorial Indentity Card (by your Bereick Indentity Card (by you Review Indentity Card (by your Bereick Indentity In

(continues)

De NOT bring any medals or decorations with you u
you are unable to leave them in safe custody.

8. If you have to travel by rail, use the Travel Warrant i this Book and complete the name of the Railray Station a necessary. If you do not require it, leave it in this Book whice must be handed in when you report for duty.

need the money, hand in the money order on repositing or you will be charged the 5s.).

NOTE: This money order and Warrant can only be used after a

Public Notice or Proclamation has been issued; they are not valid till then.

PMORILISATION STATIONS

b. If remobilisation or return to duty is ordered by general etter, or preclamation revoking releases or resulting the Recopes which you are a moutter, a list of ReAP, remobilization atoms will be published in the press and by public notice, woung the particular stations under each letters. Your code toys is shown below, and you should report to the station.

A .

To be retained by Port Office

ROYAL AIR FORCE

AVAILABLE ONLY ON REMOBILISATION BY PUBLIC NOTICE OR PROCLAMATION

Please per de sum of 5s. on production of his Identity Card to the olessan mentioned below, if and when by Public Nector or Proclamation the RAP. Reserve has been called out for further Active Service before the present Energency is declared ended.

Suraino ______NEALE

Christian Name(s) # 13 9 5 9 5 /

Signature of Art

Strong of Strong of Instruction Offices and Letter

No. 103 TC.

cese read combest.

P & F. Form \$550/12

Receipt to be signed if and when the Order is cashed. I hereby arthrostedge receipt of the sum of 5/- (five shillings), being advance of ray, inseed to see on rejoining.

NOTICE TO AIRMAN

Accountant Officer on joining your Unit, otherwise the five shiftings will be charged against your pay account.

NOTICE TO POSTMASTER

After payment, this Order must be treated as a Postal Draft and claimed accordingly.

CLEARANCE CERTIFICATE

To be exemisted at Unit covers where market **

Earle W 0 Number / 395451

It is hereby certified that the above-maned airman has been cleared of

8 AUG 1948

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ROYAL A

SERVICE PARTICULARS						
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DESCRIPTION						
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Note: This ticket must not be used for journeys to and in-Northern Iraland or Eiro; or far read journeys (except MatBuxuses Boad Services in Section).

THIRD CLASS RAILWAY TICKET

To be detached only by Tieftet Collector.

NOT TRANSFERABLE R.A.

Valid for single inverse for one person only within Pdays of

Valid for single process, for one period any within anys of date of man, by any recognised rolle.

Perco WEMBLEY PARCEL Names France Sales Control

To be brained by Disprival Control

Gold Sill Haltery Studies

CONDITIONS

This ticket is found subject to the General Notices, Regulatics and Conditions of the respective Conjuncts over whose system is available. It must be shown on demand and given up to the Delbow or Stiming Common conversed at designation or of

demand.

Any alteration to this ticket will render it invalid usless as alteration is a pass and stamped as the Dispersal Centre of

o above named airman served in the . R. fall time service.

day of service in unit polyce income for release and release lease), unlike of his Service are shown in the mengin of this Cortificate. Discusses of any opedal aptitudes or qualities or any special type

success mitiative and a copiety

· " Be time trade

Signature of Officer Community

(To be completed in Unit except where marked ")

TRAVEL WARRANT

Charges payable by Air Ministry (P3n) cerned are hereby requested to provide conveyance for one simus

R.B. - The sirman concerned may only use this warrant if and when

Aleman's Number 13 9 59 81

CLAIM FOR DISABILITY PENSION—(AIRMAN)

THE ATTACHED FORM is to be used only if you claim to be suffering from a disability attributable to or aggravated by W. SERVICE. You may complete it at any time WITHIN 6 MON

Then completed the form should be sent to the Air Otion 40 Beard Office, Glorenster.

answers can be written on a plain sheet of paper which you and attach firmly to the form.

Any pension grasted on this application was communes on following assession of service pay.

 After 6 months from the consulten of service popt any presson must be made on a different form to be obtained reasont office of the MINISTRY OF PENSIONS, the address can be obtained so the local Post Otion.

R.A.F. Form 2520/18 MPB 281

CLAIM FOR DISABILITY PENSION-AIRMAN

(BLOCK LETTERS)

9 Service No.

Former Regt. Corps or Ship, etc.	Army or Official Number	Date of Discharge	Cause of Discharge	Particulars of Pen- sion (if any) for disablement or service

Give particulars received family a	of your wife an	d children now u	nder 16 years	of age for whom you

5. Unit/Group

7. Have you served in the Armed Forces before the present War, and been discharged ?

- (a) Wife—full Christian Names.....
 - (b) Wife's present address
 - (c) Date of marriage

1. Surname....

6. Date of Release

(" Yes " or " No ") ...

3. Christian Names.....

- (d) CHILDREN:—
 Full Christian Names (and surname where different from 2.
 your own) and dates of birth ____Date of birthDate of birth. Date of birth
- 9. Give particulars of any child Name/sborn after release Date/s of birth

PARTICULARS OF CLAIM The following quest'ons should be answered with care. The answers will assist in the enquiries to be made of efficial records. Incomplete answers may delay the consideration of your claim.

QUESTION ANSWER

- 10. What is the disability for which you claim pension?

 If a wound or injury state when and where received and part of body injured.
- 11. Give the names of the hospitals or other places at which you received treatment during service for the disability and the dates as nearly as you can.

(continued overleaf)

Form Med. 50A

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you go back to live in your old district and had an ansumance doctor before you in the back up you up the back of the back of

Acts, and a start of control of the control of the

DISPERSAL CENTRE

MEDICAL TREATMENT AFTER LEAVING

I THAY I. Instructions to Released Person.

Part III to be completed at Unit.

Part III to be completed at Dispersal Centre.

E.A.F. Form 2520/19

R.A.F. Form 2520/18 MPB 281 (continued)

CLAIM FOR DISABILITY PENSION-AIRMAN

12. IF YOU CLAIM SOLELY IN RESPECT OF A WOUND OR INJURY, YOU NEED NOT ANSWER ANY OF THE FOLLOWING QUESTIONS—but this claim form must be signed and dark.

14. State what particular incidents or conditions of service you consider caused o worsened the disability.

15. (a) In which Unit were you then serving ?
(b) Where were you stationed?
(c) What was the precise nature of your duties at the time?

If you suffered from the disability before joining the Forces, give the name and

17. Have you been treated for the above or any other complaint since Release? If so, state nature of complaint and name and address of doctor or hospital with first and last dates of attendance.

Signature ...

making a false statement will be liable to prosecution.

Address (if different from above) to which you desire the result of your claim to be sout

Any person knowingly

result of your claim to be : Witness to signature....... (Any householder)

Address of Witness

Second signature of applicant

	Date of birth
9. Give particulars of any child born after release	Name/s
	Date/s of birth
14. 5.	
The following questions should be	TICULARS OF CLAIM answered with care. The answers will assist in the rcis. Incomplete answers may delay the consideration
of your claim.	rcis. Incomplete answers may delay the consideration
	- Consideration
QUESTION	ANSWER
What is the disability for which pension ? If a wound or injury state when received and part of body injury	you claim
If a wound or injury state when	and where
received and part of body injur	ed.
 Give the names of the hospitals places at which you received during service for the disability dates as nearly as you can. 	or other
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	R.A.F. Form 2520/19
Part II to be completed at Unit. Part III to be completed at Disperse	J. Candra
Turi MII to de completed de Desperse	PART I.
Inst	ructions to Released Person.
	EATMENT AFTER LEAVING
	SPERSAL CENTRE
You are now entitled to medical	benefit under the National Health Insurance Acts, and a treatment will be sent to you as soon as possible. Medical m an insurance doctor at his surgery, or if your condition or medicine.
benefit includes free treatment from	m an insurance doctor at his surgery or if your condition
requires it, at your home, and from	medicine.
If you go back to live in your old di	strict and had an insurance doctor before you joined up you. If in practice himself or by deputy.
If you go back to live in your old di	strict and had an insurance doctor before you joined up you. If in practice himself or by deputy.
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If you go back to live in your old di will be restored to his list if he is sit. If you fall ill before the medical en to your previous insurance doctor, doctor before you joined up or if y insurance doctor. You can see a li	strict and had an insurance doctor before you joined up you I in practice himself or by deputy. rd comes, fill in the application below and hand this book re, if abeent, his deputy. If you did not have an insurance ou go to live in another part of the country, apply to any st of insurance doctors at the local Post Office.
If you go back to live in your old di	strict and had an insurance doctor before you joined up you I in practice himself or by deputy. rd comes, fill in the application below and hand this book re, if abeent, his deputy. If you did not have an insurance ou go to live in another part of the country, apply to any st of insurance doctors at the local Post Office.
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FOR ALL AIRMEN

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communication by you to any person at any time of the to prosecution information you may have that . H,M. Service which might be Secrets Acts 1911 and 1920. reminded renders you WARNING.-You are

to an

requested inform A.O. i/e Records, K Division, Gloucester. ano next-of-kin death, Jo

Name of Approved Society* (if any)...... (If a deposit contributor write " D.C.") Name of Branch (if any) of Society

Membership number

If you were a member of an Approved Society before you were mobilised or called up for service, or if you joined an Approved Society during service, your membership is still effective.

PART V

HOSPITAL TREATMENT DURING RELEASE LEAVE

If you need hospital treatment before the end of your leave you should show this book to your dector and if he is of opinion that such treatment is necessary he will advise you as to the steps to be taken to obtain that treatment. You should show this Release Book to the copital authorities when admitted to or attending hospital for treatment.

be information of the doctor.

stedical Scheme nospital where the treatment required can be given. If you are in doubt as to the location of the nearest suitable hospital the Hospital Officer for the district in which the patient resides can give you the required information, and he will also be in a position to advise as to the nearest military or E.M.S. hospital where noy inassage, X-ray examination or other out-patient treatment can be obtained.

PART VI to be completed by Doctor providing treatment who should also detach the form and send it to the Insurance Committee (in Northern Ireland to the Ministry of Labour, Palace Grounds, Armagh, Northern Ireland), for the area in which the insured person is staying

* The person named overleaf who was not on my list immediately before serving in H.M. Forces is accepted as from to-day as a temporary */permanent * resident.

* The person named overleaf who states that he was on my list immediately before serving in H.M. Forces has to-day applied to me for treatment.

* Delete where not applicable.

If doctor is to supply If doctor claims mileage drugs he should enter he should enter mileage DR here ... distance here

NOTIFICA	TION	N OF	CHANGE	OF
ADDE	ESS	AFTER	RELEASE	

Trinish & Surress NEALE (IN BLOCK LETTERS

I have to inform you that I have changed my permanent soldress which new is :--

Insert
PM
Provide
Address
(Fost Tox
Elizabet

Date ____ Signature____

RECEIPTS FOR ENCASHMENT OF POSTAL DRAFTS



Air Officer i/e Records