

ROYAL AIR FOR

## RMAN'S SERVICE

PAY BOO

BOOK IS THE PROPERTY
THE AIR MINISTRY, AND
BE SURRENDERED ON
DEMAND

I (Permely Book 64) (Pert 1)

## ROYAL AIR FORCE

MAN'S SERVICE B

 You will be hell personally responsible for the sale consistely of this book.
 You will always easy; the book on your person both of hence and alread.
 Xou must produce the book whenever called upon

4. You must not alter or make any entry in the book and disorbotines of this winder will be treated as a sevene effect.
5. Should you consider that any entry in the book is backing or incorrect, or should you know the book, you will report the shatter to your remediate appearing in Newton.

to your Contrasting Others.

(i) If an airman without to make a short. WIL for specimens see p. 9) be directed their or p. 20. If I call specimens see p. 9) be directed their or p. 20. If I call specimens of the p. 20. I call specimens

\$1-4476 Wg 46812/2010 4094- 2/42 F.W.W. & Co.

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Porton Names in St. Will LIATE CHICLETS
MARCHINE 20:5: 18. Religion C of E.

Occupational Sub-Chandidation 9, 2 4 - 4

Married or Widower (M), or Single) [R]

Date of the Attention 2, 4 - 3 - 6, 3

Terms of Service P.P.E.

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So Calmost I server, Suntry County Muster County

Officer at time of making eatries

Date of making Entires BOC Digit





24.	Moss and International	18	Particulars	PARTICULARS OF	Signature of M.O			Vision SPH CYL S	PRESCRIPTION
AUG	Date 19	BLOOD GR	Dental Centre	F ARTIFICIAL				Axis Standard Notation	ON FOR
H. M.C.	1 3	GROUP.	Date				Fran (or m	Vision Ophti with Glasses	SPECTACLES.
C. S/L	Signature and Rank of M.O.	Signature and Rank of D.O.	DENTURES.		Optician's Initials	Frame No. Date of Issue (or measurements)	Ophth. Cedtre Date of Exam.	.ES.	

## IDENTITY CARD AND PERMITS ISSUED

Date of Issue	Form No.	Serial No.	Signature and Rank of Officer making Entry	Disposal	
25/8/43	1250	699046	Muchan 1		
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sign it in the presence of two witnesses, both of whom must active service or under orders for active service, in which case, provided the will is in his own handwriting and signed by him and dated, it requires no withcases. The full names desires to leave to them, must be closely stated. The more entry of the name of an injentesh Wrates on the next page without any mention of what the legalpe is to receive it of The following is a foreigner of will leaving all to one This is the fast white to take mont of Thomas Brown A.C. I. No. 1703 C.A. S. In the sweet of move death I mother Mrs Abrev Reson, 920, High Street, Aldershot. The following is a specimen of a will leaving lateoles to

Brown, 939, High Street, Aldershot, and I give the re-

This is the last will and testament or to whole of me property fects to my mother. 30 Calvert Ferrace. Murtan. Co. Duda Dated this 9 day of fe BONARY 1944

## SICKNESS WHILST ON LEAVE

1. If when on leave or pass you are a contact of an infectious disease, you will notify your C.O. forthwith, and send a medical certificate to describe the control of t

conference of a control included and the district of result interference of the control included and the district of the control included and the

TISTI, MEDICINE AND CENTIFICATES.						
		At Putient's Residence.				
	Visit to Surgery	If not more than 2 miles away	Greater Distances.			
Day Night 22 00	s. d. 3 0	s. d. 4 6	For each additional mile or part of a mile (in one			

The "Distance Fee" is payable in one direction only and in respect only of the first case visited when more
than one patient is attended in the seighbourhood on the same occasion. The fee shown in the third column
will be allowable for each patient offer the first subject to the merginary limit of CL 12.6 of the feet will
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feet subject to the feet subject to the feet subject to the merginary limit of CL 12.6 of the feet subject to the feet subject to the merginary limit of CL 12.6 of the feet subject to the feet subject to

 You will report the employment of a Civillan Medical Practitioner at once to your C.O. enclosing the Practitioner's certificate. Claims for medical attendance will be submitted by the Medical Practitioner of form 1867 to your C.O.

 In all cases where a Civilian Medical Practitioner does not certify that you are unfit to travel, you should return to you unit on the expiry of your leave, or report to the nearest Service Hospital.
 The Civilian Medical Practitioner should be all carried to the nearest Service Hospital.

3. The UVIDIAN SECONDARY PRECUISIONS SHOULD IN All CEPTIFICATES STATE whether or not the individual is fit to trace. If you are unfit on account of sickness, to return to your unit, and are receiving treatment from a Service Medical Establishment, the C.O. of such Tstablishment will immediately communicate the fact to the C.O of your unit.

Vyou are warned that you are liable to make good the extra expense incurred by engaging the services Civilian Medical Practitioner at a distance from your residence, without reasonable can