R.A.F. Form 2520A



223761

ROYAL AIR FORCE SERVICE AND RELEASE BOOK

T 1	C	0	
Kank	220		

Service Number 1868263

Surname MERCIER

Initials C G

Class of Release.

Age and Service Group No.

\$1-624

CONDITIONS OF RELEASE

Under the previous of the Armen Freeze (LEASED FROM AD Act, 1918, YOU ARE HERRENY RELEASED FROM AD FORCE SERVICE, or if a member of the Auxiliary Air Power released from the obligations to which you are subject by ceases of ambodiment.

 You are neighbot to a Receive of the Royal Air Force unless you are a member of the A.A.F. is which case you remain go the A.A.F.

Bervice. You remain Inble to recall to Air Fodee Serveys und the Energymey is declared outded by Grebo in Caused, when yo will be discharged unless you see on an engagement extension beyond that date.

3. If you are recalled by Special Notice for state property of the property

 You must notify Air Officer its Records (K. Divasion). Glemester, of any change in your personnent address both for Service recomm and to ensure that any communications in regard to any modula reach you.

5. If you become co-diractly unfer through any sickness, injury or other disability, which recities you unit for further service and which is not semponey colly, you must error to the A-Oije Records (E. Divasco), Giousseer, custosing a medical certificate.

CONDITIONS OF RELEASE AND AUTHORISATION

a. Until final discharge you may not onlor or salist in o

rement of H.M. Porces or the service of any other counispart from the U.K. without permission from the Airje Records. If you desire to do so, write to him for his so

 After the effective date of your release (i.e. of the expiration of any borno genetic) or if no leave is granted the day of departure from the Deposal Centrel you may not wese uniform encopion any specially sustained occasions, unless you are recalled for service.

 You should preserve the uniform which you retain on your refense in good condition in case of recall.

 If you handed any Modals to your Communiting Officer for onfo keeping apply to Air Officer (to Records (C.I.M. Section).

10. Your pay and allowances cease on the effective date of your release unless the rolesse is rorolard and you are recalled to service. No receptor pay is isomable in respect of the liability to recall referred to its research.

to recall referred to in pura. 2 attaching to your referent.

11. The following conditions apply to Glass A (Age and Service)

Any reinstatement rights you may have under the Reinstateme in Civil Employment Act, 1944, arise on the commencement

your leave.

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

You have been released at the request of the Ministry of Labour and National Service. You will be directed by that Ministry to your requestration employment for the revenue to Ministry to R.A.F. Form \$530(25)

CONDITIONS OF RELEASE AND AUTHORISATION

haves been released. Interactions solving one to arraysystem to report see-set can believe. You must comply with those underso, tions. If on any time you deconatures used complyayment, save for reasons of ill-health, your release will be recubed and you will be reached to Sovieto.

13. The following conditions apply to Class C releases 4017. You have been released on extreme companionate grounds. Any printenaments rights you may have under the Retenaments in Civil (Souphyment Act, 1944, axiso on departure from the Disserset Control.).

DELEASE AUTHODISATION

	PART I To be completed in Unit except when marked**.						
Runk SGT	Number 1868263						
Tedelists C.G	Sumana MERCIER						

To be completed of the above-named airman is beetly authorised as a Class Arriseov, and be Dispersal Centre.

Centre.

The effective date of relocated the Class S. Cetter the Centre.

The effective date of relocate the face day of

It is hereby certified that the above airman served in the R.A.F. on whole-time service during the following periods:

26.7-43 18/3/47

(Date of departure from

He is granted 54 days' leave on release commencing the day following the date of departure from the Dispersal Centra.

RELEASE AUTHORISATION

(continued)

PART II
Instructions to Class B releases to report for Employment
You have been released to take up employment

expiration of your league that you me at any carlier tages.

for A.O. ife Reesn's

The second secon

4. FOR ALL RELEASES You will have given on release an address at which one desire

address beton you neetwo the final payment of your necessary and desire the apparant made to any other address you should, in order to provent less or misaproportation, notify the Senior Accountant Officer of the Dispursal Contention which you were released. A cond (Form 2100/20) is provided in this book for the purpose.

5. Paymong will be made to the address given on release unless

the final payment of your account made. If you change this

 rayment will be made to the sources green on recessor moses motification of any change is received before payment; the Air Ministry will not be responsible for any loss or misappropriation resulting from your failure to notify a change of address.

6. The balance of pay forwarded to you by the Senior Accountant Officer of the Disparsal Centre does not product any adjustment of income tax liability which the Department of Inland Revenue may require to make subsequent to your release.

Emagent Market of August o

To find each control of the control

La Babbatta - All Hall Bab

to be notified.

3. FOR CLASS C RELEASE

You will have received as the Dispersal Centre a payment in cosh on account of the balance of pay due to you. If, however, you are entitled to overseas leave, the cash advances to be made at

NOTES ON PAY- AND EMOLLIMENTS

7. The entitlement of wives, dependents and allottess to R.A.F. allowances and allotments ceases at the end of the allowance work (Thursday to Wednesday inclusive) in which leave emires which the airman departed from the Dispersal Centrel, Instructions will be issued to payons at their last known addresses for them to return the allowances books to the Director of Accounts, Whittington Road, Worrester, after the books have been cashed for that week. Airmen and Airmonen are required to essure, irrespective of whether the official notice has been received, that payees return the basks at the time stated

If the book is improperly encashed with your consivance or owing to your negligence, you may be liable and be prosecuted.

8. Any queries on your final payment, or War Gratuity entitlement or Post War Credit arising after receipt of final payment are Centre at which release was effected quoting the following particulars :--

(a) Class of release (A. B or Ch.

(b) Date as stamped below. Othicks



Disposed Centre Date States

B.A.F. Form 27/20/24

REMOBILISATION INSTRUCTIONS

- 1. Although released you have NOT REEN DISCHLADGED
- 2. Until you are finally discharged when the Emergency is to service by public notice or proclamation or by a notice
- warrant with full instructions as to what you are to do and where
- releases and recalling the reserve of which you are a member. you should immediately prepare wornelf to return to duty and watch the Press or Public Notice Boards for further instructions as to when you are to report,
- 5. You should report at your Remobilisation Station as shown below, in Uniform, bringing with you all acroise elething and nocessaries left in your possession when you were released.
- 6. You should also bring with you (1) this Book containing your Cortificate of Service (2) your National Health and Pensions Book (4) your Civilian Identity Card (5) your Service Identity. discs. If you cannot get these at once do NOT delay but arrange for them to be sent on after you. If you are sick when due to report, you must immediately inform the Officer Commanding the station at which you are to report exclusive a medical certificate. You should report immediately you are fit for duty.

T. Do NOT bring any medals or decorations with you unless you are unable to leave them in safe custody.

& If you have to travel by rail, use the Travel Warrent in this Book and complete the same of the Railway Station as necessary. If you do not require it, leave it in this Book which

west be handed in when you report for duty. 9. If you need money for the journey the money order for 5s. in this Book may be used ; present it for payment at any Post Office and produce your Identity Card and you will be paid to

which will be adjusted later in your account. (If you do not need the money, hand in the money order on reporting or you will be charged the fer.). NOTE: This money order and Warrant can cally be madufacted

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

REMORILISATION STATIONS

10. If remobilisation or return to duty is ordered by general notice, or proclamation revoking relegion or recalling the Reserve of which you are a member, a list of R.A.F. remobilisation stations will be published in the press and by public notice. showing the particular stations under code letters. Vene recla letter is shown below, and you should report to the station to which the code letter anolice

Your remobilisation station gode letter is:-



RAP FORM \$520/12

To be completed at Unit. To be retained by Post Office.

POYAL AIR FORCE

To H.M. Pretmaster General.

Please new the sum of fix on production of his Identity Card Active Service before the present Emergency

AVAILABLE ONLY ON REMOBILISATION BY PUBLIC NOTICE OR PROCLAMATION

..... MERCIER

Christian Namels CYRIL GORDON .

Service No. 1868263 119 Signature of Simon & Mer ried



R.A.F. Form 2520/12

Dispersal Centre **: Date Stores

CLEARANCE CERTIFICATE

To be	conscieted	at Unit	except	uchera	ESSTAG

To be rigned if and when the order is cashed. I hereby asknowledge receipt of the sum of 5a. Bank SGT Number 1868 263

Initials C.C Suranne MERCIER

It is berely certified that the above-named alrman has been cleared of all known charges in respect of difficiencies of public distring and equipment.

> N.9 118MAR1947

> > TO BE COMPLETED FOR ALL PERSONNEL

POYAL HE EORCE CERTIFICATE OF SEVICE AND RELEASE

Norther 1 1868263 Rent SGT Air Corn Category and for R.A.F. trada A/G/F.C. A

Overness Service MIL

1939-45 STAR FRANCE & GERMANY

Marks and South B. MARK on R. CWE

MERCIER CYRIL GORDON

The above-named sirman served in the RAFYR

was 26: 7.43 w 17. 3. 47

(Yout day of service in unit before leaving for release and release leave).

Reief statement of any special aptitudes or qualities or any special types Soc mercier has always

carried outhis anties in a cheerful & efficient manner Al has a smart bearing & is of a pleasing rersonality his honesty o integrity being ver and repreach

R.A.F. trade-For air even with a hasis trade, show the trade is brackets

A. Skill in his trade (applicable to airmen up to the mak of Corporal

A. Profesence as nilot, paylenter, air comber, air gynnar, etc. B. Ability as a Warrant Officer or Non-commissioned officer.

TRAVEL WARRANT

Charges payable by Air Ministry (F2c) The Directors of the Railway Company or Shipping Company con-

cerned are hereby requested to provide conveyance for our airitean. II. Ability as technical Warrant Officer or Non-commissioned effect, i.e. by the recommised direct route to. NR ... The cirman concerned may only use this warrant if and when

Airman's Number 1868263

Sumano MERCIER

Particulars of Ticket issued, to be filled in by Railway/Shipping Co.

R.A.F. Form 2520/16

LEAVING CERTIFICATE-AIRMAN INCOME TAX

Note:—Parts I and II of this form are to be completed for all releases. Part III is to be completed by the airman and the form sent by him to his Inspector of Taxes.

Notice to Airman If you are taking up civil employment, or intend to seek employment, fill up Part III on the back of this form. The particulars are wasted in order that you may be given your proper Income Tax allowances; otherwise tee much tax may be deducted from your civil pay.

IT IS IMPORTANT THAT THE FORM SHOULD REACH THE INSPECTOR OF TAXES WITHOUT DELAY, DO NOT WAIT UNTIL YOU HAVE OBTAINED EMPLOYMENT.

Part	I - T	he.	comm	Intart .	at Ilmi	9

1 2 2 2 D 1 0 B C 0 B

Rank SGT Number 1868 263

Initials C. G. Surname MERCIER

(a) The above airman was in receipt of the Consolidated Pay following daily rates of pay at the date of G.C.B. Pay WE leaving the Unit for Release as shown by Qualification and duty pay his pay ledger or pay book.

from 9 pd. to pd. west.

from 9 pd. to 12 pd. west.

and west. Alterations in daily rates of pay since 5th April last and in year . Ne. in house states was considered. Rd to pd waf from. not known insert " Not known." from.... ____p.d. to____p.d. w.e.f.

*(b) The above airman has been remunerated at taxable rates and Form 2520/53 will be forwarded to the Assessor of Income Tax by the Dispersal Centre.

Delete this sub-pera, if airman is got in receipt of taxable rates of pay, i.e. 6/-d. or more per day if single; 8/6d. or more per day if married.

1 Holling Signature of Accountant Officer or Officer Commands

Part II**. To be completed at Dispersal Centre.

The effective date of release of the above is_

Dispersal Centre Stamp

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 WAR SERVICE. You may complete it at any time WITHIN 6 MONTHS after the date you ceased to draw service pay,

When completed the form should be sent to the Air Officer i/o R.A.F. there is insufficient space on the form further explanations Record Office, Gloucester.

mswers can be written on a plain sheet of paper which you must SIGN

Any pension granted on this application will commence on following eessation of service pay. and attach firmly to the form.

the day

After 6 months from the cessation of service pay, any claim to consion must be made on a different form to be obtained from the nearest office of the MINISTRY OF PENSIONS, the address of which can be obtained at the local Post Office.

LEAVING	CERTIFICAT	E-AIRMAN	(contd.)

F	art	11	I	-T	o be	com	pleted	by	the	airman	

- 1.(a) Full name.

 - (b) Address to which communications
 - should be sent to you
 - (c) Was this your address before you
- joined the Forces ?_
- On about what date do you expect to start civil employment? Name and address of your employer
 - if now known
- Do you or your wife make income tex returns? If so, state:-(a) Address of tax office to which sent, if kn

- *(b) Tax office reference number, if known Name and address of your last employe
- before joining Forces. (If the same
- Item 3, write " As in 3 ").
 - during the war, give the name and
 - address of her employer (her last employ if she is not now in employment).
- Herworks number if known
- 7. State whether you are single, married or
- Number of children under 16

number as well as the Tax Office, you need the full reference *NOTE: If you can give answer questions 5 to 7.

Signature of airman

R.	A	F.	For	rm	25	20
				N	P	B 2

CLAIM FOR DISABILITY PENSIO	N-AIRMAN
-----------------------------	----------

1	Surname MERCIER 2. Service No. 1868263	
	(BLOCK LETTERS) Christian Names CYRIL GORDON	
		P
4	Rank SGT 5. Unit/Group O 31 S CA 11/1/2 CO	

6. Date of Release 7. Have you served in the Armed Forces before the present War and been discharged?

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

Give particulars of your wife and children now under 16 years of age for whom you
received family allowances at any time during service:—

(a) Wife—full Christian Names... and name before marriage.

(b) Wife's present address __

Date of marriage (d) CHILDREN:— 1...
Full Christian Names (and surname where different from 2...
your awai and dates of birth born after release Date of birth Date of birth / Date/s of birth.....

PARTICULARS OF CLAIM

The following questions should be answered with caro. The answers will assist in enquiries to be made of official records. Incomplete answers may delay the considerat 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.

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 because as to the nearest military or E.M.S. hospital where any massage, X-ray examination or other out-patient matmont can be obtained.

PART VI to be completed by Doctor providing treatment who should also detach the josend it to the Insurance Committee (in Northern Ireland to the Ministry of Lobour, Pala 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.

Signature__

If doctor is to supply drugs he should enter

If doctor claims mileage he should enter mileage

distance here

DR here

R.A.F. Form 2520/15 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

	may we again that the con-	A CLEAN TO SERVE STATE OF THE SERVE STATE OF
	QUESTION	ANSWER
13.	(a) When did you first suffer from the disability?	(a)
	(b) If before your war service when did	(b)

- service on it?

 14. State what particular incidents or conditions of service you consider caused or worsened the disability.
- 15. (a) In which Unit were you then serving? (a) (b) Where were you stationed? (b) (c) What was the precise nature of your (c) duties at the time?
- 16. If you suffered from the disability before joining the Forces, give the name and address of any doctor, hospital, etc., from whom you received treatment. Give approximate dates.

other complaint since Release? If so, state nature of complaint and name and address of dector or hospital with first and last dates of attendance.

Any person knowingly making a false statement will be liable to prosecution. Address

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

Witness to signature (Any householder) ... Dat

Address of Witness

Second signature of applicant (for record purposes).....

FOR ALL AIRMEN

take the utmost once of this book which contains your Certificate of Service. The Certificate council be replaced when loss is due to any action or negligencelon your part. You should not part with

any action of negligencemen year part. You should not port with your Certificate of Service, but if you desire to give anyone full particulars of your service, make a copy.

WARNING.—You are reconsided that the unauthorised

communication by you to any person at any time of any information you may have sequired while in ILM. Service which might be useful to an enamy renders you liable to prosecution under Official

to once of death, next-of-kin are requested immediately to

For the information of the doctor. treatment would normally be given at the