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ROYAL ATE FORCE

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1997 Number	
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ON HIS MAJESTY'S SERVICE



The Senior Accountant Officer,

No. 10 / Dispersal Centre,

hithan Royal Air Force.

(Post Town) Lanca (County)

AIR MINISTRY

E.A.F. Form 2520/20

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

Note is Advisors will be made to the address which you gave at the time of your release. If, however, you change this address before you recove final prymers, you chould complete

Airman No. 2000 20.2 Streams Dillock Lesion (Block Lesion)

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Post You

rest Post Office (Councy)

Signature of airman

CONDITIONS OF RELEASE AND

Act. 109. YOU ARE HIRBERY RELEASED FROM AN FORCE SERVICE, or if a recoiler of the Amiliary Air Forre-west from the obligations to which you are subject by reast of entodiment.

of embodiment.

This referse is subject to and on the following conditions:—

2. You have not by this release been discharged from tryine. You remain lights to recall to Air Force Service a the Emergency is declared evided by Order in Council, when

 If you are recoved by Special Notice full instructions will be given you as to wasee and when you are to report. If an general nation or positionalism is instead recoving releases a recalling the money to which you belong, you must immediately

 You must notify Air Office in Records (K Division Glementer, of any charge in your permanent solfront both in Service recome and to ensure that any communications:

regard to any medials reach you.

5. If you become medically unfit through any steleason, injury or other disability which readers you unfit for further services of which is not reader.

6. Until final discharge you risey not enter or cellst in any oth bunch of H.M. Porces or the service of any other country, depart from the U.K. without permission from the Air Official Honorata. If you desire to do so, write to him for his senses.
7. After the effective date of your release (i.e. at the expirate of any leave guarant or if no leave in granted the day of departs.

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

 If you handed any Medala to your Communiting Officer for safe leaguing apply to Air Officer (is Records (CLM, Section Giousseier, for their return, giving full perticulars.

service. No reserve pay is isomble in respect of the liability to recall referred to in para. 2 attaching to your release.

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

11. The following conditions apply to Class A (Age and Servi releases only.

in Civil Employment Act, 1944, seize on the commoncement of year-leave.

12. The following conditions aren't to Class S (National Recon-

structions releases only.

You have been released at the request of the Ministry of Labor, and National Service. You will be directed by that Ministry tyees reconstruction compleyment for the purposes to which you

CONDITIONS OF RELEASE AND AUTHORISATION

have been released. Bastractions setting out the Europhyrneas Exchange or Europhyre to which and the date by which you are to report are set out below. You must except with those increatens. If or any time you dissentings such ampleyment, ease for resucces of Ill-beath, your release will be revealed and you will be received to Service.

13. The following catefiliers apply to class 0 releases cety. You have been released on extreme corpussionate general. Any releasatement rights you may have under the Department of Col. Employment, Act, 1946, state on departure from the Department of the Department of Col. Employment, Act, 1946, state on departure from the Department.

To de completed in Unit except when nowinder.

teltials DJ Surrano HUGHES

To be completed on the Dispersed Coater Coater The Coater Coater

It is hereby pertisfed that the above airman served in the

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ile is greated days' leave on release commercing the day following the date of departure from the Dispersal Centre RAT Form SECONS

RELEASE AUTHORISATION

(continue)

to Class B releases to report for

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NOTES ON PAY AND EMOLUMENTS

1. FOR CLASS A RELEASE

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Office of the Post Office Bavings Bo

2. FOR CLASS B BELEASE.
You will have recorded at the Dispersal Centre a payment in each on second of your best up and thouseness. The better special control of your best up and thouseness. The better special control of the Dispersal Centre on o was not the Helth day after year department from the Centre. III, however, you war are host into neverse as for interestin action, which you may be entitled in request of your area of your last of the Centre of your area of your last of the Centre of your last of the Centre of your last of your

3. FOR CLASS C RELEASE

You will have received at the Dispersal Centre a psymear cash on account of the halance of pay due to you. If, however poor are entitled to overcass have the cash advensee to be made to the balance of your pay and overcass have the classification of the balance of your pay and overcass lower entitlements, and not balance of your pay and overcass lower entitlements, and not retire of assecutes due to you fee War Uniously and Pout-Wiczeles will be abouted freen the Dispersal Centre on at reasons.

NOTES ON PAY AND EMOLUMENTS

FOR ALL RELEASES

4. You will have given an release on address as which you desire the final payment of proceeding the control made. It is a statement to the control made of the control of the con

5. Payment will be made to the address given on release unlessarities of any change is received before payment; the Al Mirestry will not be responsible for any loss or misrour.

6. The balance of pay forwarded to you by the Serio Accountant Officer of the Dispersal Centre does not preclud any-adjustment of income tax liability which the Dispersal Centre of the serious any-adjustment of income tax liability which the Dispersal Centre of the Serious Accountance of the Dispersal Centre of the Dispersal

A. The suitherism of vives, dependents and affectors to RAP, affectores and affectorers censes as the end of the ellower of the property of the suither of the suither feet exprise the suither of the suither of the suither size week in which have in grants, at the soil of the affect size week in which have in grants, at the soil of the affect of the suither of the suither of the suither of the Dispersal Censes. Instructional Suitness of departed from the Dispersal Censes. Instructions of the suither of the suith 78. In occusin cases however (e.g. Class A released) a fouroil the sent to payers from the Air Ministry which, on precentation to the Pour Office, will crabbe them to draw allowance, and allowances due for the law four weeks in one large sens. When payered is easile in this manner, the allowance books will be received by the Bree Contract subjected the procedure in

7C. If the book is improperly encoded with your continue of swing to your nuglegree, you say be liable to be presented.
8. Any quarting one your field payment, or Way Granting each mean or Front-Way Credit acting after receipt of final payment to be addressed to the Senton Accounted Officer of the Dipper.

miculum: -(a) Class of release (A, B or C).

28 MAY 1947

B.A.F. Form 2000 04

REMOBILISATION INSTRUCTIONS

I. Although released you have NOT BEEN DISCUSATION

 Until you are finally discharged when the Emergency is declared ended by Order in Council you still remain liable to recal to service by public notice or produmation or by a notice

 If you receive an individual notice you will be sent a to warrant with full instructions as to what you are to do as you see to recent.

4. If a public general notice or preclamation is invest covaring release and recaling the receive of which you are a member, you should immediately prepare yourself to return to duty and watch the Press or Public Notice Boards for further instructions

 You should report at your Remobilisation Station as she below, in Uniform, beinging with you all service electing a necessaries left in your possession when you were released.

w. Tota 200001 also heing with you (1) this Book containing year. Corrilation (5 service (3) your Nutlineal Benkh and Pennison Insurance Contribution (2 and 10) your Uncomplyment Ensurance Contribution (2 and (3) your Uncomplyment Ensurance Contribution (2 and (3) your Uncomplyment Ensurance Contribution (3 and (3) your Service Insulty class. If you cannot get those at cone-do NOT delay but more discount of the year for these to be seen of on five your. If you must decondately inform the Other Circumstillay to make a finish part with the major of which you was to empty and change a medical the major of which you was to empty and change a medical form.

REMORBITISATION INSTRUCTIONS

Do NOT bring any medals or decorations with you unless a one unable to lower three in anto outcody.

 If you have so travel by east, use the Travel Warrant is this Book and complete the name of the Railway Station or necessary. If you do not require it, here it in this Book white

Office and produce your identity Cord and you will be paid for which will be adjusted later in your accessed. (If you do no need the mercy, hand in the meany order on reporting or you will be charged the fol.)

OTE: This money order and Warrant can only be used after a Public Notice or Profamation has been insued: the

are not valid till the

EXMOBILISATION STATIONS
10. If resolution or return to duty is cedered by greend
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of which you are a member, as the of B.A.P. resolutions
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To be occupied at Unit.
To be retained by Post Off

ROYAL AIR FORCE

AVAILABLE ONLY ON REMOBILISATION BY PUBLIC NOTICE OR PRINCE AMATION

To H.M. Postmaster Genera

Paties pay the sum of 5s, on production of his Identity Can to the simons mentioned below, if and when by Public Notice of Proclamation the R.A.F. Reserve has been called our for furthe Armes Service before the present Emergency in declared ended The receipt overhal must be sarred by him.

Surramo _____ HUGHGS

Service No. 3 or p. 3.07

Signature of Aircon D.J. Burghes





R.O.F. From \$535/12

Receipt to be signed if and when the Order is cashed. I hereby admentedge receipt of the sum of 5/- (five shillings),

Date....

NOTICE TO AIRMAN

If this Order is not used, it must be delivered to you Account not Officer on joining your Unit, otherwise the I

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

Ruk 2000 20) RANG SST (AC)

Invitals DaT Narrains HV Cart F.S. (Block Letters)

Se MALINAL Se MALINAL Dispersal Centre **
Date Stomp

TO BE COMPLETED FOR ALL PERSONNEL

ROYAL AIR FORCE

SOURCE BARYOUN ARE

Service } 3000307 Bank 367 (84)

Oversea Service N. 1.6

R.A.P. Character V. G. (see actes on back of extillation on op-

Professiony A Sat posite pages

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Charps, Meetico in Despatches, Commondations, ecc. 31 - M.5

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The above named airmon world in the ARFUR
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Particulates of his Service are shown in the course of this Ortificate.

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d.F. Chemeier sharing Strates:

G. is the highest character which can be awarded in the Keynel Air Per-

Professioney :

The trade professory bendings A and B sign

TRADESSIEN

Skill in his trade (applicable to airmon up to the mak of Corporal inclusive).

Ability as testarial Warmen Offices or Newscontainstead as foremen manager, terman or supervisor in his tasks

Alli CREW PERSONNEL

A. Professey as pilot, navigator, air bombor, air gunzer, or
B. Ablity as a Warraca Officer or Non-recommissioned officer.

Althy as a Walnut Officer of efficiency will be above on Ex. for exceptional

superior
satisfactory
resolutate
permissible.

to to be inserted as the date of commencement of service is the date ich the advance reported for service, was called up from defended , called our or carbodied as applicable. To be detected only by Booking Clerk and exchanged for Ticker.
RECALL TO SERVICE OF AN AIRMAN ON BEHOUSELESATIO

TRAVEL WARRANT

Charges payable by Air Maistry (P30) Red Class
The Directors of the Ballway Company or certaed are hereby requested to provide recoverage for one simula-

HR.—The airman concerned may only use this searment if and whon public notice of preclamation has been impediculting on the Reserve.

Paraculars of Theat seried, to be filled in by Barrey, 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 the local Inspector of Taxes, whose address can be obtained from the local Post Olice.

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 wanted in order that you may be given your proper income Tax allowances; otherwise too much tax may be deducted from your civil pay.

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

Part I .- To be completed at Unit.

Initials U Surname ,	(Block Letters)
(e) The above airman was in receipt of the following daily rates of pay at the date of leaving the Unit for Rolesse as shown by his pay ledger or pay book.	W.S.I. G.C.B. Pay Qualification and ditty pay
previous should, if known, be shown here. If none state "None." If not known insert "Not known." from	p.d. to p.d. west. p.d. to p.d. west. p.d. to p.d. west.

Rank 541 (#C) Number 3 000 307

*(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-para, if simnan is not in receipt of this place of pay, i.e. over 6/- per day if single; over 8/6d, per day if married.

The per day if single; over 8/6d, per day if married.

Signature of Accountant Officer or Officer Commanding.

Part II* - To be completed at Dispersal Centre.

The effective date of release of the above is.

Dispersal Centre, Stamp

P.T.C

lotes on R.A.F. Form \$520/18

THE ATTACHED FORM is to be used only if you claim to be CLAIM FOR DISABILITY PENSION—(AIRMAN)

suffering from a disability attributable to or aggravated by WAR

SERVICE.

When completed the form should be sent to the Air Officer ife R.A.F. after the date you ceased to draw service pay.

there is insufficient space on the form further explanations or answers can be written on a plain sheet of paper which you must SIGN Record Office, Gloucester.

Any pension granted on this application will commence on the

sension must be made on a different form to be obtained from the nearest office of the MINISTRY OF PENSIONS, the address of which

After 6 months from the cessation of service pay, any daim obtained at the local Post Office, can bo

following cosantion of service pay.

LEAVING CERTIFICATE-AIRMAN (contd.)

Part	111	-70	be	completed	l by	the	airman.	

- 1.(a) Full name DAVID (b) Address to which communicati
 - ROADHEAD should be sent to you CARLISLE CUMBERLAND
 - (c) Was this your address before you NO
- joined the Forces ?.....
- 2. On about what date do you expect to start civil employment : 18-7-
- Name and address of your employer
- Do you or your wife make income tax returns ? If so, state :--(a) Address of tax office to which sent, if known

 - *(b) Tax office reference number, if known
- 5. Name and address of your last employer Warmick AVINTION ing Forces. (If
- RAWICK Item 3, write " 6. If your wife has been in emp
- - if she is not now in employment).
- 7. State whether you are single, married or widower 51NGL
- Number of children under 16 *NOTE: If you can give the full reference number as well as the Tax Office, you need not answer questions 5 to 7.

pl Hughes.

Date

WHERE TO SEND THIS FORM.—If you or your wi returns to a local Tax Office send this form to that Tax Office, send the form to the office of any Inspector of Taxes. wife have made ice. If no return h

since 5th April last and in year previous should, if known, be shown R.A.F. Form 2520/18 MPB 281 CLAIM FOR DISABILITY PENSION-AIRMAN 1. Surname 2. Service No. (BLOCK LETTERS) _____5. Unit/Group _____ 7. Have you served in the Armed Forces before the present War and been discharged ? If "Yes" give particulars below :-Former Regt. Corps or Ship, etc. Date of Discharge Cause of Discharge Particulars of Pension (if any) for disablement or 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.

......Date of birth. Name/s

9. Give particulars of any child born after release Date/s of birth.....

PARTICULARS OF CLAIM

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

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

pension?

If a wound or injury state when and where received and part of body injured.

(Block lotters) 10 (50) 150 Juny Cocook redmux

Form Med. 50A

who do this hand loss superlandability and a sufficiency in last factors of a solid it ill may be to do this through loss superlandability of the community and a superlandability of the community and a solid of the community and a solid of the community of the community and a solid of the community of the commu

If you go back to live in your old district and had an insurance doctor before you joined up you will be restored to his lits if he is saill in practice himself or by deputy.

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DISPERSAL CENTRE MEDICAL TREATMENT AFTER LEAVING

Instructions to Released Person.

Part 111 to be completed at Dispersal Centre.

Post II to be completed at Unit.

E.A.F. Form 2520/13

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

CLAIM FOR DISABILITY PENSION-AIRMAN

QUESTION

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 dated.

	13. (a) When did you first suffer from the disability? (b) If before your war service when d you first notice the effects of w service on it?	lid da		•
	 State what particular incidents of ditions of service, you consider cau worsened the disability. 	r con- used or		De tot
	15. (a) In which Unit were you then servi (b) Where were you stationed? (c) What was the precise nature of 3 duties at the time?	(L)		645
	16. If you suffered from the disability joining the Forces, give the nam address of any doctor, hespital, etc. whom you received treatment. approximate dates	o and	1	
	17. Have you been two odder content of the state of attendance.	x and t and		-
*	Signature		Date	
	Any person knowingly 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 sent			
	Witness to signature		Date	
	Address of Witness		4	

of one	or merculy designation of	-		The state of the s
FullC	Dr EN :	1		Date of birei
your o	where different from) and dates of bir	m 2.	1	Date of birth
		3		Date of birth
9. Give partie	ulars of any child release	Name/s		or birth
world direct	геледае	Date/s of bi	41	*
The following	Questions should be	RTICULARS OF	CLAIM	o answers will assist in the may delay the consideration
enquiries to be	made of official rec	ords. Incomple	to answers	o answers will assist in the
- Calling				may delay the consideration
	QUESTION			ANSWER
10. What is th	e disability for which or injury state when	Vou claim		ANSWER
If a wound	or injury state when			
received an	d part of body inin	my where		
II. Give the na	ames of the hospital which you received ice for the disabilit arly as you can.	s or other	,	
during serv	which you received ice for the disabilit	treatment		
dates as ne	arly as you can.	The Last		
			-	
				(continued overleaf)
				4
				- 0
				R.A.F. Form 2520/19
Port II to be	completed at Unit.			
Part 111 to 1	be completed at Disper	sal Centre.		
		PART		
		structions to Rel		
	MEDICAL T	REATMEN	TAFTE	R LEAVING
	D	ISPERSAL	CENTR	E
You are no	w entitled to medica	l benefit under	the Nation	al Health Insurance Acts, and a
medical care	i telling you how to s	et treatment wi	ll be sent to e doctor at	his surgery, or if your condition
requires it,	at your home, and f	ree medicine.		al Health Insurance Acts, and a you as soon as possible. Medical his surgery, or if your condition ce doctor before you joined up you deputy, issuffor below and hand this book
If you go ba	ck to live in your old	district and had still in practice I	an insuran imself or by	ce doctor before you joined up you deputy.
If you fall i	Il before the medical	eard comes, fill	in the appl	ication below and hand this book
to your prev	rious insurance doctor	or, if absent, h	is deputy). in another	part of the country, apply to any
insurance de	octor. You can see a	list of insurance	e doctors as	t the local Post Office.
Turn over f	or information about	hospital treatm	ent.	a deputy. cation below and hand this book If you did not have an insurance part of the country, apply to any the local Post Office. o this.
				Form Med. 50A
	PA	RT II to be con	pleted at U	nit.
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Initials	U.J.		(Block l	etters)
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North Control	1	*	1	
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	PART	II to be complete	d at Disper	val Centre
			1	(Dispresal Centre Date Stamp)
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from th	named person departa is Dispersal Centre o	n	1) 1	
			10	10 0
		PART	111 0	× /
	Available for three	months from d	ate of leavi	ng Dispersal Centre
Available for three months from date of leaving Dispersal Centre To be completed by released person $ONLY$ if needing medical treatment before a medical card is received.				
I have nor received a medical card since leaving the Dispersal Centre and I hereby apply for a medical card to be issued to me.				
I have NOT for a medica	received a medical	o me.	ig the Dist	And Control and Survey of the
	I was on the list	of Dr.	ico	immediately before I
Delete as may be necessary	I was not on the lis	t of a doctor in	the district	where I am now, and I desire to
necessary				
	(be placed on the lis	(Insert na	me of doct	or or approved institution)
My present	address is			
	and to loom this Pri	iet within these	months for	om the date hereof ?
Do you intend to leave this district within three months from the date hereof ?				
If so, when	7			

FOR ALL AIRMEN

desire to give anyone full The Certificate cannot be replaced when loss is due reminded that the particulars of your service, make a copy. action or nogligence on your part. your Certificate of Service, but if you You !

any information you may have acquired while in H.M. Service which might be useful liable nox

to an

next-of-kin are requested death. Jo

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

Membership number

of Approved Society # /16

of Service.

(Signature of Released Person)

Date

* 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.

HOSPITAL TREATMENT DURING RELEASE LEAVE

If you need hospital treatment before the end of your leave you should show this book to your doctor 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 hospital authorities when admitted to or attending hospital for treatment.

For the information of the doctor.

In-patient treatment would normally be given at the nearest service or civil Emergency Department incurrence would normany be grown fit the nearest service or civil Emergency Medical Scheme hospital where the treatigent required can be given. If you are in doubt as to the Boustion of the stress saitable hopital at the Hospital (lines for the displict in which the patient reades can give you the wester) information, and how with also had possible and allows as to the construction of the stress of the stre

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, Armoph, Northern Ireland), for the area in which the insured person is stoping

* The person named overloaf who was not on my list immediately before serving in H.M.

* The person named overleaf who states that he was on my list immediately before serving

* Delcte where not applicable.

If doctor claims mileage drugs he should enter he should enter mileage DR here ___ distance here _

RAF. Form 25/20/24

NOTIFICATION OF CHANGE OF

Total O J Summer HUGHES

I have to inform you that I have shanged my permunativess which now is :-



Dite Synetre



