

R.A.F. Form 2520A

AIRMAN



266818

ROYAL AIR FORCE
SERVICE AND RELEASE BOOK

Rank L.A.C.

Service Number 3008464

Surname MABEY.

Initials B.C.

Class of Release A.

Age and Service Group No. 57.

51-9945

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RELEASE AUTHORISATION

PART I

To be completed in Unit except when marked**.

Rank LAC. Number 302040Initials B.C. Surname HABEY
(Block Letters)To be completed
of the Dispersal
Centre

Release of the above-named airman is
hereby authorised as a Class A release,
and he is relegated to Class A of the
Honours.
The effective date of release (i.e. last day of
service) is

7/10/47 **It is hereby certified that the above airman served in the
R.A.F. on whole-time service during the following periods:

From

To

24 11 4512/9/47**
(Date of departure from
Dispersal Centre)He is granted 56 days' leave on release commencing the
day following the date of departure from the Dispersal Centre

RELEASE AUTHORISATION

(continued)

PART II

Instructions to Class B releases to report for Employment

You have been released to take up employment

Date _____
of _____
these _____
of _____
of _____
when you are to report within seven days from your
departure from this Dispersal Centre.

(Industry Group Letters;
Occupational Classification Number.....)
and are to report within seven days from your
departure from this Dispersal Centre to the
following Employment Exchange

of _____
with Hours _____

You will ordinarily be required to commence work on the
expiration of your leave, but you may if you desire commence
at any earlier time.

PART III

Date _____ **



for A.D. 50 Records

MILITARY
20 AUG 1947

NOTES ON PAY AND EMOLUMENTS**1. FOR CLASS A RELEASE**

You will have received at the Dispersal Centre a payment in cash and postal drafts on account of your leave pay and allowances. Postal drafts for the final balance of your pay account and notification of amounts due to you for War Gratuity and Post-War Credit will be forwarded by the Senior Accountant Officer of the Dispersal Centre on or about the 42nd day after your departure from the Dispersal Centre. Amounts due in respect of War Gratuity and Post-War Credits will be made in the form of a deposit in the Post Office Savings Bank on the 57th day after you left the Dispersal Centre. A Post Office Savings Bank Book will then be forwarded to you by the Head Office of the Post Office Savings Bank.

2. FOR CLASS B RELEASE

You will have received at the Dispersal Centre a payment in cash on account of your leave pay and allowances. The balance of pay and allowances will be forwarded to you by the Senior Accountant Officer of the Dispersal Centre on or soon after the 14th day after your departure from the Centre. If, however, you were sent home from overseas for immediate release, delay in making the final payment will in some cases be unavoidable. Any payment to which you may be entitled in respect of your service overseas or for War Gratuity and Post-War Credit, will be made in the form of a deposit in the Post Office Savings Bank at the end of the emergency. A Post Office Savings Bank Book will then be forwarded to you by the Head Office of the Post Office Savings Bank.

3. FOR CLASS C RELEASE

You will have received at the Dispersal Centre a payment in cash 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 the Dispersal Centre will be increased. Postal drafts for the balance of your pay and overseas leave entitlements, and notification of amounts due to you for War Gratuity and Post-War Credits will be issued from the Dispersal Centre on or soon after the 14th day after your departure. If, however, you were

(continued)

NOTES ON PAY AND EMOLUMENTS

(continued)

sent home from overseas for immediate release, delay in making the final payment will, in some cases, be unavoidable. Any payments to which you may be entitled in respect of your service for War Gratuity and Post-War Credit will be made in the form of a deposit in the Post Office Savings Bank on the 57th day after you left the Dispersal Centre. A Post Office Savings Bank Book will then be forwarded to you by the Head Office of the Post Office Savings Bank.

FOR ALL RELEASES

4. You will have given on release an address at which you desire the final payment of your account made. If you change this address before you receive the final payment of your account and desire the payment made to any other address you should, in order to prevent loss or misappropriation, notify the Senior Accountant Officer of the Dispersal Centre from which you were released. A card (Form 2520/20) is provided in this book for the purpose.

5. Payment will be made to the address given on release unless notification 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 Dispersal Centre does not preclude any adjustment of income tax liability which the Department of Inland Revenue may require to make subsequent to your release.

7A. The entitlement of wives, dependants and allottees to R.A.F. allowances and allotments ceases at the end of the allowance week (Thursday to Wednesday inclusive) in which leave expires (or if no leave is granted, at the end of the allowance week in which the airman/airwoman departed from the Dispersal Centre). Instructions will be issued to payees at the last known addresses for them to return the allowance books to

REMOBILISATION INSTRUCTIONS
(continued)

7. Do NOT bring any medals or decorations with you unless you are unable to leave them in safe custody.
8. If you have to travel by rail, use the Travel Warrant in this Book and complete the name of the Railway Station as necessary. If you do not require it, leave it in this Book which must 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 5s. 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 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.

REMOBILISATION STATIONS

10. If remobilisation or return to duty is ordered by general notice, or proclamation involving release 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. Your code letter is shown below, and you should report to the station to which the code letter applies.

Your remobilisation station code letter is:—

H.

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

ROYAL AIR FORCE

**AVAILABLE ONLY ON REMOBILISATION BY
PUBLIC NOTICE OR PROCLAMATION**

To H.M. Postmaster General.

Please pay the sum of 5s. on production of his Identity Card to the airman mentioned below, if and when by Public Notice or Proclamation the R.A.F. Reserve has been called out for further Active Service before the present Emergency is declared ended. The receipt overleaf must be signed by him.

Surname MABBY
(Block Letters)

Christian Name(s) BERNARD CHARLES

Service No. 300246

Signature of Airman _____

Stamp of
Paying
Post Office.



HEADQUARTERS
NO. 88 SQUADRON
and Unit.
11 AUG 1947
R.A.F. NETHERAVON



Please read overleaf.

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CLEARANCE CERTIFICATE

To be completed at Draft except where marked**

Unit L.A.C. Number 3008466Officer B.C. Surname MAGAY
(Check Lastname)

It is hereby certified that the above-named airman has been cleared of all money charges in respect of deficiencies of public clothing and equipment.

Accountant Official ^{Personal Centre **}
Date Stamp
12 AUG 1947
101 RAC

TO BE COMPLETED FOR ALL PERSONNEL

Receipt to be signed if and when the Order is cashed. I hereby acknowledge receipt of the sum of 5/- (five shillings) being advance of pay, issued to me on rejoining.

Date.....

NOTICE TO AIRMAN

If this Order is not used, it must be delivered to your Accountant Officer on joining your Unit, otherwise the five shillings will be charged against your pay account.

NOTICE TO POSTMASTER

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

ROYAL AIR FORCE
CERTIFICATE OF SERVICE AND RELEASE

SERVICE PARTICULARS

Service Number } 3008104 Rank 2nd Lt.

Air Crew Category and/or R.A.F. trade ENGINEER

Air Crew Badges awarded (if any) /

Overseas Service /

R.A.F. Character VERY GOOD (see notes on back of certificate on opposite page)

Proficiency A SATISFACTORY

B /

Decorations, Medals, Claps, Mention in Despatches, Commendations, etc. 2 OBE'S
and WAR MEDALS

Educational and Vocational Training Courses and Results FORCES ADMIN. SCH.

DESCRIPTION

Date of Birth 1.11.1925 Height 5' 7"

Marks and Scars SCAR ABOVE RT EYE

Specimen Signatures of Airman [Signature]

MACEY BARNARD CHARLES

(Block Letters)

The above-named airman served in the RCAF
Full-time service

from 24 11 43 to 11 9 47

and day of service in total before leaving for release and release leave.

Particulars of his Service are shown in the margin of this Certificate.

Statement of any special aptitudes or qualities or any special types of employment for which recommended:—

A good hard worker who has done well in his service. He has proved reliable and trustworthy at all times and wishes to continue study of surveying in which capacity he would well fit.

7.8.47

[Signature]
Signature of Officer Commanding

Notes:—

R.A.F. trade—For air crew with a basic trade, show the trade in brackets after the air crew category, e.g., Pilot (Armstrong).

R.A.F. Character during Service:

V.O. is the highest character which can be awarded in the Royal Air Force. The character assessment reflects the airman's conduct throughout the whole of his service.

Proficiency:

The trade proficiency headings A and B signify:—

TRADESMEN

- A. Skill in his trade (applicable to airmen up to the rank of Corporal inclusive).
- B. Ability as technical Warrant Officer or Non-commissioned officer, i.e., as foreman, manager, foreman or supervisor in his trade.

AIR CREW PERSONNEL

- A. Proficiency as pilot, navigator, air bomber, air gunner, etc.
- B. Ability as a Warrant Officer or Non-commissioned officer.

Proficiency will be shown as

Ex. for exceptional
Supr. for superior
Sat. for satisfactory
Med. for moderate
Inf. for inferior

} No higher or other assessment is possible.

The date to be inserted on the date of commencement of service is the date on which the airman reported for service, was called up from deferred service, called out or embodied as applicable.

R.A.F. Form 2522(14)

To be detached only by Booking Clerk and exchanged for Ticket.
RECALL TO SERVICE OF AN AIRMAN ON REMOBILISATION
(To be completed in *Unit* except where marked**)

TRAVEL WARRANT

Charges payable by Air Ministry (32s) R.A.F.
3rd Class

The Directors of the Railway Company or Shipping Company concerned are hereby requested to provide conveyance for one airman by the recognised direct route to _____ **

N.B.—The airman concerned may only use this warrant if and when public notice of proclamation has been issued calling out the Reserve.

Airman's Number 3008464 Stamp of
Empireal
Centre **
Surname MABEL
(Block Letters)
Initial B.C.

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



Form on R.A.F. Form 2520/13

MPB 281

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 in R.A.F. Social Office, Gloucester.

If there is insufficient space on the form further explanations or answers can be written on a plain sheet of paper which you must SIGN and attach firmly to the form.

Any pension granted on this application will commence on the day following cessation of service pay.

After 6 months from the cessation of service pay, any claim to pension 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.

11. Have you been treated for the above or any other condition since February 1, 1946?

CLAIM FOR DISABILITY PENSION—AIRMAN

1. Surname MABEY 2. Service No. 3008464
(BLOCK LETTERS)
3. Christian Names BERNARD CHARLES.
4. Rank LAC. 5. Unit/Group _____
6. Date of Release _____
7. Have you served in the Armed Forces before the present War and been discharged?
("Yes" or "No") _____ If "Yes" give particulars below:—

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

8. 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 _____
(c) Date of marriage _____
(d) CHILDREN:—
Full Christian Names (and sur-
name where different from
your own) and dates of birth
1. _____ Date of birth _____
2. _____ Date of birth _____
3. _____ Date of birth _____
9. Give particulars of any child
born after release Name/s _____
Date/s of birth _____

PARTICULARS OF CLAIM

The following questions should be answered with care. The answers 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? 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)

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 any massage, 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.

Date Signature

* Delete where not applicable.

If doctor is to supply drugs he should enter DR here	If doctor claims mileage he should enter mileage distance here
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R.A.F. Form 2520/18
MPB 281
(continued)

CLAIM FOR DISABILITY PENSION—AIRMAN

(continued)

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.

QUESTION	ANSWER
13. (a) When did you first suffer from the disability? (a) (b) If before your war service when did you first notice the effects of war service on it? (b)	
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 duties at the time? (c)	
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.	
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 Date

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 Date

Address of Witness

Second signature of applicant
(for record purposes)

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.

CLAIM FOR DISABILITY PENSION—AIRMAN
(continued)

R.A.F. Form 2520/13
MPB 281
(continued)

13. (a) When did you first suffer from the disability?
(b) If before your war service when did you first notice the effects of war service on it?
(c) State what particular incidents or conditions of service you consider caused or worsened the disability.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

R.A.F. Form 2520/13

Part II to be completed at Unit.
Part III to be completed at Dispersal Centre.

PART I.
Instructions to Released Person.

**MEDICAL TREATMENT AFTER LEAVING
DISPERSAL CENTRE**

You are now entitled to medical benefit under the National Health Insurance Acts, and a medical card telling you how to get treatment will be sent to you as soon as possible. Medical benefit includes free treatment from an insurance doctor at his surgery, or if your condition requires it, at your home, and free medicine.

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 list if he is still in practice himself or by deputy.

If you fall ill before the medical card comes, fill in the application below and hand this book to your previous insurance doctor (or, if absent, his deputy). If you did not have an insurance doctor before you joined up or if you go to live in another part of the country, apply to any insurance doctor. You can see a list of insurance doctors at the local Post Office.

Do not detach the form from the book. The doctor will do this.
Turn over for information about hospital treatment.

Form Med. 50A

PART II to be completed at Unit.

Rank L.A.C. Number 3008464
 Initials B.C. Surname MABEY.
 (Block letters)
 Date of birth 1. 11. 1926 Sex MALE

PART III to be completed at Dispersal Centre

(Dispersal Centre Date Stamp)

The above-named person departed
from this Dispersal Centre on

PART IV

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 NOT received a medical card since leaving the Dispersal Centre and I hereby apply for a medical card to be issued to me.

Deletes as may be necessary { I was on the list of Dr. immediately before I was mobilised or called up for service.
 I was not on the list of a doctor in the district where I am now, and I desire to be placed on the list of
 (Insert name of doctor or approved institution)

My present address is

Do you intend to leave this district within three months from the date hereof ?

If so, when ?

(Continued overleaf)

FOR ALL AIRMEN

Take the utmost care of this book which contains your Certificate of Service. The Certificate cannot be replaced when loss is due to any action or negligence on your part. You should not part with your Certificate of Service, but if you desire to give anyone full particulars of your service, make a copy.

WARNING.—You are reminded that the unauthorised communication by you to any person at any time of any information you may have acquired while in H.M. Service which might be useful to an enemy renders you liable to prosecution under Official Secrets Acts 1911 and 1920.

In case of death, next-of-kin are requested immediately to inform A.O. 14 Records, K Division, Gloucester.

Name of Approved Society* (if any)

(If a deposit contributor write "D.C.")

Name of Branch (if any) of Society

Membership number

.....
(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.

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 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 Medical Scheme hospital 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 any massage, 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.

Date

Signature

* Delete where not applicable.

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

NOTIFICATION OF CHANGE OF ADDRESS AFTER RELEASE

Rank RAF Number 3008-64Territory S.C. Service MARBY

(IN BLOCK LETTERS)

I have to inform you that I have changed my permanent address which now is—

House
No
Street
Address
in
Block
District

(Post Town)

(County)

Date _____ Signature _____

— continuation of the front —

Inpatient treatment would normally be given at the nearest station or civil Hospital
 Medical Services Hospital 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

RECEIPTS FOR ENCASHMENT OF POSTAL DRAFTS

Notice to AIRMAN

On presentation of postal drafts at a post office for encashment or for credit to a Post Office Savings Bank Account, this release book must be produced as **EVIDENCE OF IDENTITY**. The Post Office will frank one ring on the encashment of EACH postal draft, and the last ring when making credit to a Savings Bank Account.



Postal Signature of Airman.

ON HIS MAJESTY'S SERVICE

Air Officer i/c Records,

K. Division,

Royal Air Force,

Gloucester.

AIR MINISTRY



Signature of the doctor.

In-patient treatment would normally be given at the nearest service or civil Emergency Medical Scheme hospital 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