

R.A.F. Form 2520A

AIRMAN

233922



ROYAL AIR FORCE
SERVICE AND RELEASE BOOK

Rank SC.

Service Number 1852503

Surname JONES.

Initials W.C.

Class of Release A

Age and Service Group No. 53.

Anyone finding this book is
requested to hand it in to the
nearest Police Station or for-
ward in an UNSTAMPED
envelope to—

Air Officer in Charge,
Royal Air Force,
CHOUKNER.

ON HIS MAJESTY'S SERVICE



The Senior Accountant Officer,

No. Dispersal Centre,
Royal Air Force,
..... (Post Town)
..... (County)



AIR MINISTRY

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state nature of complaint and name and
address of doctor or hospital with first and
last dates of attendance.

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

Note to Airman

Final payment will be made to the address which you gave at the time of your release. If, however, you change this address before you receive final payment, you should complete this card and send it to the Disposal Centre from which you were released, about one week before the date indicated in the Note on Pay and Emoluments for which see Form 2520/24.

Accompanying **2520/20** **101 RDQ**

Airman's No. _____ Surname **JONES** (Block Letters)
 Date **1 APR 1946** 2520/20, Initials **W.E.**
 Class of Release **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 made to me be sent to the following address:—

 _____ (Post Town)
 _____ (County)

Nearest Post Office
(if known)

Signature of airman

Date _____

CONDITIONS OF RELEASE AND AUTHORISATION

Under the provisions of the Armed Forces (Conditions of Service) Act, 1934, YOU ARE HEREBY RELEASED FROM AIR FORCE SERVICE, or if a member of the Auxiliary Air Force, released from the obligations to which you are subject by reason of enlistment.

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

1. You are relegated to a Reserve of the Royal Air Force unless you are a member of the A.A.F. in which case you remain in the A.A.F.
2. You have not by this release been discharged from the Service. You remain liable to recall to Air Force Service until the Emergency is declared ended by Order in Council, when you will be discharged unless you are on an engagement extending beyond that date.
3. If you are recalled by Special Notice full instructions will be given you as to where and when you are to report. If any general notice or proclamation is issued revoking release or recalling the reserve to which you belong, you must immediately follow the Rehabilitation Instructions in this Book.
4. You must notify Air Officer in Records (R. Division), Gloucester, of any change in your permanent address both for Service reasons and to ensure that any communications in regard to my module reach you.
5. If you become medically unfit through any sickness, injury or other disability which renders you unfit for further service and which is not temporary only, you must write to the A.O. in Records (R. Division), Gloucester, enclosing a medical certificate.

state nature of complaint and state and address of doctor or hospital with date and date of attendance

CONDITIONS OF RELEASE AND AUTHORISATION

(continued)

4. Until final discharge you may not enter or enlist in any other branch of H.M. Forces or the service of any other country, or depart from the U.K. without permission from the Air Officer (to Records). If you desire to do so, write to him for his consent.
7. After the effective date of your release (i.e. at the expiration of any leave granted or if no leave is granted the day of departure from the Dispersal Centre) you may not wear uniform except on any specially authorised occasions, unless you are recalled for service.
8. You should preserve the uniform which you retain on your release in good condition in case of recall.
9. If you handed any Medals to your Commanding Officer for safe keeping apply to Air Officer (to Records (C.I.M. Section), Gloucester, for their return, giving full particulars.
10. Your pay and allowances cease on the effective date of your release unless the release is revoked and you are recalled to service. No reserve pay is payable 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) releases only.
Any reinstatement rights you may have under the Reinstatement in Civil Employment Act, 1944, arise on the commencement of your leave.
12. The following conditions apply to Class B (National Reconstruction) releases only.
You have been released at the request of the Ministry of Labour and National Service. You will be directed by that Ministry to your reconstructive employment for the purposes to which you

CONDITIONS OF RELEASE AND AUTHORISATION

(continued)

have been released. Instructions setting out the Employment Exchange or Employer to which and the date by which you are to report are set out below. You must comply with these instructions. If at any time you discontinue such employment, save for reasons of ill-health, your release will be revoked and you will be recalled to Service.

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

You have been released on extreme compassionate grounds. Any reinstatement rights you may have under the Reinstatement in Civil Employment Act, 1944, arise on departure from the Dispersal Centre.

State nature of complaint and name and address of doctor or hospital with first and last dates of attendance.

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 Credits, 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)

were 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 absence week (Thursday to Wednesday inclusive) in which leave expires (or if no leave is granted, at the end of the absence week in which the sirrnan/allottee departed from the Dispersal Centre). Instructions will be issued to payees at the last known addresses for them to return the absence books to

entire nature of compensation and must not be altered if deceased or hospitalized with their next of kin or those of their dependants.

NOTES ON PAY AND EMOLUMENTS (continued)

the Director of Accounts, Whittington Road, Worcester, after the books have been cashed for that week. *Advances and Allowances* are required as *orders*, irrespective of whether the official notice has been received, that *payees* return the books at the time stated.

7B. In certain cases however (e.g. Class A releases) a form will be sent to *payees* from the Air Ministry which, on presentation to the Post Office, will enable them to draw allowances and allotments due for the last four weeks in one lump sum. When payment is made in this manner, the allowance books will be retained by the Post Office for return direct to the Air Ministry. If bulk payment is not authorised the procedure in paragraph 7A is to be followed.

7C. If the book is improperly encashed with your connivance or owing to your negligence, you may be liable to be prosecuted.

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

- (a) Class of release (A, B or C)
- (b) Date as Stamped below.



REMOBILISATION INSTRUCTIONS

1. Although released you have **NOT BEEN DISCHARGED**.

2. Until you are finally discharged when the Emergency is declared ended by Order in Council you still remain liable to recall to service by public notice or proclamation or by a notice addressed to you personally.

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

4. If a public general notice or proclamation is issued revoking release and recalling the reserves 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 as to when you are to report.

5. You should report at your Remobilisation Station as shown below, in Uniform, bringing with you all service clothing and necessities left in your possession when you were released.

6. You should also bring with you (1) this Book containing your Certificate of Service (2) your National Health and Pensions Insurance Contribution Card (3) your Unemployment Insurance Book (4) your Civilian Identity Card (5) your Service Identity disc. 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 enclosing a medical certificate. You should report immediately you are fit for duty.

State nature of complaint and name and address of doctor or hospital with first and last dates of attendance.

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 revoking releases 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—



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 person 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 JONES

(Block letters)

Cristian Name(s) William Neal

Service No. 1752 503

Signature of Airman [Signature]

Stamp of
Paying
Post Office.



Please read overleaf.

State nature of complaint and name and address of doctor or hospital with first and last names of attendants.

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.

R.A.F. Form 1520/12

CLEARANCE CERTIFICATE

To be completed at Unit except where marked**

Rank SGT. Number 1852505.

Initials W.C. Surname TOLCE.

(Block Letters)

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

Disposal Centre **
Date Stamp

Accountant Officer
3 APR 1947
P.O. BOX 101 P.D.C.

TO BE COMPLETED FOR ALL PERSONNEL

show nature of complaint and name and address of doctor or hospital with test and last dates of attendance.

R.
Ch.
to

ROYAL CERTIFICATE OF

SERVICE PARTICULARS

Service Number } 1952503 Rank

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

Air Crew Badges awarded (if any)

Overseas Service

R.A.F. Character

Endorsing A

" B

Decorations, Medals,

Claips, Mention in Despatches, Commendations, etc.

Educational and Vocational Training

Courses and Results

DESCRIPTION

Date of Birth

Mark and Scars

Specimen Signature of Airman

FORCE AND RELEASE

JONES. W. E.

(Block letters)

The above-named airman served in the

17. 6. 43

last day of service in unit before leaving for release and release (over).

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

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

DoR.A.R.: 12.3.43 - 27.2.44

A very satisfactory tradesman, keen, willing and a hard worker. Is returning to previous employment

25-3-44

Signature of Officer Commanding

for Wing Commander

SERV

Serv
Num

Air C

Air C

Gen

R.A

Prof

Des
Class1
K
C

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 (Announcer).

R.A.F. Character during Service:

V.G. 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 airman up to the rank of Corporal inclusive).
B. Ability as indicated Warrant Officer or Non-commissioned officer, is 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
Sup. for superior
Sat. for satisfactory
Med. for moderate
Inf. for inferior

No higher or other assessment is permissible.

The date to be inserted as 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 2530/14

To be detached only by Booking Clerk and exchanged for Ticket.

RECALL TO SERVICE OF AN AIRMAN ON REMOBILISATION

(To be completed in *ink* except where marked*)

TRAVEL WARRANT

R.A.F.

3rd Class

Charges payable by Air Ministry (Pilot)

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

1752508

Surname

VONERS.

(Ink Letter)

Initials

A.V.

Stamp of
Different
Country

Partnership of Ticket issued, to be filed in by: Railway/Shipping Co.

Stamp of company and name and address of Director to be placed on back of ticket when that part of ticket is returned.

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 4 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. Record Office, Gloucester.

If there is insufficient space on the form further explanations or services can be written on a plain sheet of paper which you must **FOUR** 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.

State nature of complaint and nature of disability or handicap which has caused or aggravated it.

CLAIM FOR DISABILITY PENSION—AIRMAN

1. Surname 2. Service No.
(BLOCK LETTERS)
3. Christian Names
4. Rank 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)

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

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
(Any householder)

Date

Address of Witness

Second signature of applicant
(for record purposes)

17. Have you been treated for the above or any other complaint since? If so, give the name of the doctor, hospital, etc., from which you received treatment. Give approximate dates.

16. If you suffered from the disability before joining the Forces, give the name and address of any doctor, hospital, etc., from which you received treatment. Give approximate dates.

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?

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

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?

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 2520/18
MPB 281

R.A.F. Form 2520/18

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 Sgt. Number 1852503
Initials W.C. Surname JONES
(Block letters)
Date of birth _____ 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.

Delete 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 ARMEN

Take the utmost care of this book which contains your Certificate of Service. The Certificate cannot be replaced when lost 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. 1/6 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.

<p>If doctor is to supply drugs he should enter DR here</p>	<p>If doctor claims mileage he should enter mileage distance here</p>
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NOTIFICATION OF CHANGE OF ADDRESS AFTER RELEASE

Rank SGT Number 1952503Initials W.T. Surname JONES

(IN BLOCK LETTERS)

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

Insert
Full
Postal
Address
in
Block
Capitals

(Post Town)

(County)

Date _____ Signature _____

For the information of the doctor.

The patient treatment would normally be given at the nearest service or civil Emergency Medical Reserve 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 railway or R.M.S. hospital where any necessary X-ray examination

R.A.F. FORM 2520/23

RECEIPTS FOR ENCASHMENT OF POSTAL DRAFTS

Indice 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.



William C. Jones
Usual Signature of Airman.

ON HIS MAJESTY'S SERVICE



Air Officer i/c Records,

K. Division,

Royal Air Force,

Gloucester.

AIR MINISTRY

...be in a position to
...where any message, X-ray examination