R.A.F. Form 2520/18 MPB 281

|   |  | BILITY PE            |   |  |
|---|--|----------------------|---|--|
|   | RAIGS  |                      | 2 Service No.                           | 3041707  |
| 1. Surname  | (BLOCK LET   | TERS)                |   |  |
| 3. Christian Names  | . Re   | BERT.                | *************************************** |  |
| 4. Rank AC  | T (T SGT   | 5. Unit/G            | roup 9MP50                              | MAHQ LEYA  |
| 6. Date of Release  |  |                      |   |  |
| 7. Have you served  | in the Armed   | Forces before the    | present War as                          | nd been discharged   |
| (" Yes " or " No  | ") No  | If " Y               | es" give partic                         | ulars below :—   |
|   |  |                      |   |  |
| Former Regt.<br>Corps or Ship,<br>etc.                                  | Army or<br>Official<br>Number                                | Date of<br>Discharge | Cause of<br>Discharge                   | Particulars of Per<br>sion (if any) for<br>disablement of<br>service |
|   |  |                      | 77.77                                   |  |
|   |  |                      |   |  |
|   |  |                      |   |  |
| (b) Wife's pres   | of any child   | a<br>3               | Date                                    | of birth   |
| boili witter retta  | 30   | Date/s of birth      |   |  |
|   | DAY  | RTICULARS OF C       | T A The                                 |  |
| The following que<br>enquiries to be ma<br>of your claim.               |  |                      |   | ers will assist in the   |
| QUESTION  |  |                      | ANSWER                                  |  |
| 10. What is the dipension? If a wound or received and p                 | sability for which<br>injury state when<br>part of body inju | and where            |   |  |
| 11. Give the name<br>places at whi<br>during service<br>dates as nearly | ch you received<br>for the disabilit                         | treatment            |   |  |
|   |  |                      |   |  |