



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6253 Name John Wade Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>John Wade</u> |
| 2. What is your full Address? | 2. <u>Salmonier N side</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fishing</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10.) Name |
| |) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, John Wade do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John Wade SIGNATURE OF RECRUIT.
P. M. Spry Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Wade do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 10 day of Oct 1915.

Signature of Attesting Officer W. Dickes Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the St. John's.

If enlisted by special authority, such will be attached to the original attestation.

Date Oct 11 1915 1915
 Place St. John's

Robertson Capt. Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted. St. John's, Mtd.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name John Wade

Apparent age 22 years months. Height 5 feet 6 3/4 inches

Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Wade
Salmonier M side | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									Total Service forfeited as above.....
Joined at _____ on _____									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____ "									



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|--|-----------------------------|
| 1. What is your name? | 1. <u>John Wade</u> |
| 2. What is your full Address? | 2. <u>Salmonier N. Side</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>29</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fishing</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. } Name |
| | } Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, John Wade do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John Wade SIGNATURE OF RECRUIT.
Pie M. Gray Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Wade do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 10 day of Oct 1915

Signature of Attesting Officer W. Dickson

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date Oct 11 1915 1915

Place St. John's

Robert Boyd } Approving Officer.
 for Commanding Officer
 The Royal Newfoundland Regiment.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted. St. John's, Nfld.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

6253

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name John Wade
 Apparent age 22 years months. Height 5 feet 6 3/4 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Wade
Salmonier M. Side | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<i>Discharged Jan 31 1919</i>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____

C.R. 6253

Extract from Daily Orders Part II Depot St. John's, dated
Oct. 20th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date
31-1-19.

6253, John Wade.

C.R. 6253

Extract from Daily Orders Part 11 Unit The Royal Mfad.
Regt., St. John's, Jan. 4th 1919.

The undermentioned discharged on Demobilization has been approved by O.C. Discharge Depot from noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

6253 Pte. John Wade.

3-1-19.

C.R. 6253

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated October 12th 1918.

Strength Increases.

6253 Pte. John Wade.

Attested for General Service with The Royal Newfoundland Regiment,
from 10/10/18.

Wade, John

6253

Ag. Sept.

January 31st., 1919

#6253 Pte, John Wade,
Salmonier,
P.E.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.646."

Yours faithfully,

Captain,
Paymaster & O.i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *6253* Rank *Pvt* Name *John Wade*

Intended place of residence *Salmonier, P.E.I.*

2. Occupation *Johnman*

Classification of soldier *C* Medical Category *A II*

3. The above named man is discharged in consequence of *Demobilization*

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place *St John's* Commanding Discharge Depot

Date *JAN 2 1919* The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date *St John's* *John Wade*

2.1.19 Signature of soldier
Chas Dicks Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date *St John's* *John Wade*

Jan 2nd 1919 Signature of soldier
J Daymond Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service *10.10.18* No of days on Military

Discharged from service *3.1.19 plus 28 days* Service *114 days*

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place *ST. JOHN'S* *R.H. Lint Capt*

Date *JAN 3 1919* Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place *St John's, Nfld* *Mr Howley Capt*

Date *January 31/1919* Officer in Charge Records
The Royal Newfoundland Regiment

AD B 20 79/646

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6253 Rank Plt Name Wade John
 Date of Enlistment 10.10.18 Address Salmon District Plas.
 Occupation Fisherman Classification for Discharge P Medical Category AII
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1 D 400A.....	1 B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 2.1.19 John Wade
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

John Wade

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £10.00

(b) Clothing Supplied £10.00

Date 2-1-19 John Wade
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 672 to his home
 at 2-1-19 and Release Certificate No. issued 2-1-19

LL442

C.B. Dickkopf

Date Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 2-1-19 *Henry Capt.*

Date Depot Paymaster.

3-1-19

Discharge approved for

Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	1 <i>Form A</i>
E 178..... 1	W 3494..... 1	B 122..... 2	Board 1st.....	" 2.....	2
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	
B 179.....	D 400B.....	Form L..... 1	do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K..... 1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	
B 179c.....	B 120.....	M 93.....			

C.B. Dickkopf

Date 2-1-19 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

JAN 3 1919

R.H. Jait Capt.

Date O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Jan. 6/1919

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname

Wade

Christian Name

John

Table I.—GENERAL TABLE

Birthplace :—Parish

Salmonier

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	10 th day of Oct 1918	St John's	day of	191
Declared Age	22 years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	5ft	6 ³ / ₄ inches	feet	inches
Weight	113	lbs.		ll s.
Chest Measurement {	Girth when fully expanded	33	inches	inches
	Range of Expansion	2	inches	inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)				
(Rank)	Medical Officer		Medical Officer	
Enlisted	at	St John's	at	
	on	10 th day of Oct 1918	on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal</i>	<i>6253</i>		
Transferred to	<i>Newfoundland</i>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work at Fishing

John Wade

Signature of Man.

Reg. No. *6253*

W. Dicks

Signature of the Vocational Officer or his Representative.

Place

John's

Date

Jan 2nd 1919

Placentia St. Marys

U00A

The Royal Newfoundland Regiment

Class for Demobilization:—
C

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28-11-18

Regimental No. 6253

Name Wade John (Pte)

Address Palominas St. Marys

Present Medical Category A II

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

R. J. [Signature]
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
M. O. Depot

9



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Wade, John*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6253*
 Intended address *Salmonier, St. Mary's Bay.*

Height on discharge Feet
 Color of hair on discharge *Brown*
 Complexion *Light*
 Color of eyes *Blue*
 Descriptive Marks *Vaccination marks left arm*
 Figure on discharge *Not mal.*
 Christian name of Father *John*
 Christian name of Mother *Katherine*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children

Place and date of soldier's birth. *Salmonier Aug 16th / 1896.*
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *John Wade* (Rank) *Plt.*
 Station *Prince's Peak* Date *10/12/18*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



J. R. Steele Lt
 Medical Officer of the Hospital.
 Unit, or Command Depot.

Station _____ Date _____

~~John Wade~~

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Adgits on Oct 10 1918

1. Name John Wade Age (a) Declared 22
 (b) Apparent

2. Do you know of anything wrong with you? Small cold pain in side

What severe illnesses have you had? None 6253
Yes Blue
Comp Pain

Marks _____

3. Height 5ft 6 3/4 Weight 113
 4. Eyesight (a) Left 6/6 (b) Right 6/6
 5. Physical Defects (Examine after strenuous exercise) —

6. Examination of Lungs —
 Measurement (a) Expiration 31 (b) Inspiration 33

7. Examination of Heart —

8. Examination of Urine —

9. Examination of Mouth—(Defective Speech)
 Teeth attention
 Throat —
 Nose —
 Ears—(Otorrhea) —
 (Deafness) —

10. Have you been successfully vaccinated, and when? Yes 3 years ago 1st time
 11. Name and address of next of kin Father John Salmonier St. Sids
 12. Category —

REMARKS—

A11

Archibald
W. Gordon
 Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 121

Signature of O. C. Company [Signature]

Regiment of Royal Newfoundland Regt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>John Wade</u>	Age on	<u>22</u> years	months	<u>Fisherman</u>		
<u>6253</u>		Place and Date of Enlistment		Religion			
Joined		<u>St John's</u>		<u>R. C.</u>			
Joined		<u>1914</u>					
Joined	Date	Period of		with Colours	<u>9</u> years	Place of Birth	
Joined	Date			with Reserve	<u>35</u> years	<u>Salmonier</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>13</u>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

D
6253

DEMOBILIZATION OF

Reg. No. 6253 Rank AKC Name Wade John
 Date of Enlistment 10.10.18 Address Salmonet District Plac.
 Occupation Fisherman Classification for Discharge C Medical Category AII
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1 D 400A.....	1 B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 2.1.19

W. H. Capl
O.C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

John Wade

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
 (b) Clothing Supplied Joseph H. Brown

Date 2-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4442 to his home at Salmon and Release Certificate No. 672 issued.

Date 2-1-19 C. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 31-1-19

Date 2-1-19 W. H. Bowley Capt.
Depot Paymaster.

Discharge approved for 3-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 2.1.19 C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date JAN 3 1919 R. H. Sait Capt.
O. C. Discharge Depot.

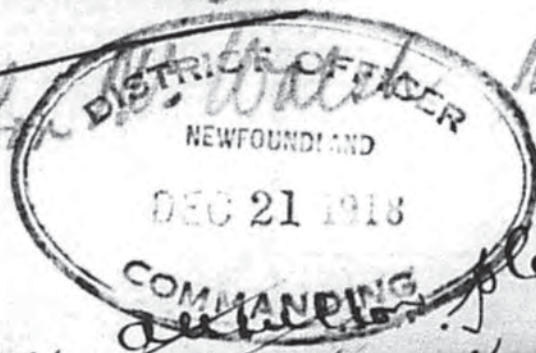
Received the above noted documents from O. C. Discharge Depot.
Date Jan. 6/1919 W. H. Bowley Capt.
ayc R

6253 John Wade
Salmonier

Can he be released in
a day or two.

~~6253~~
~~Wade~~
~~Salmonier~~

Enquiry for ~~Wade~~ M.H.A.



O.f. report

for you

please
Acknowledge

Reg. No. 8253 Rank Pte Name Wade John

Attested 10-10-18 Address Salmones

Allotment 50604 Allottee Mr John Wade Fa

Date of Allotment 1-11-18 Returned from Overseas

Embarked for Overseas Cause

Vacc 11-10-18 1st 31-10-18

2-1-19

PASSED TO DEMOBILIZATION OFFICER

3-1-19

DISCHARGE APPROVED ON DEMOBILISATION.