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(21100) W. W. 106-P 1963. 236m. 1,19. D. S. (E1256)	Army Form W3997.
Regtl. No. A. St. J. & S. Bank. P. U.	
Name	FULLER.
Date of Disembodiment Transfer to the Reserve	
(Transfer to the Reserve ⁶) *Strike out whichever imapilizable.	

COVER

FOR

DISCHARGE DOCUMENTS.

NOTE. In every case where A.F. Z.22 is included among the documents the letter Z is to be stamped in the space provided below.



Long Thelow Basence och Suffort

Award Sheet.-First Award. 7/ Labour 23439 Fuller Christian Names anthon Wallace Regiment 5016 Let. Cops Rank 91c Regtl. No. 456738 6.3.19 Date of Discharge. Transferred to class Z" Res. Cause of Discharge) as on Army Form B.268 j SERVICE. FOREIGN SERVICE. Date. AWARD. Number of Children, and Allowance Granted. A.F. W.3484 sent Pension, Gratuity, or Weekly Allowance. 14 APR 1919 Defective vision non attak A to Records ... an ys. £38 LOT, &c., to man ... Reject 645. Notification to LO. (Card and D. 400) ... 0.48 A V to N.H.I.C. ... Proposer's Signature and Date 1. A. Jos 9 . 4 . 1 -648 A 'V to W.P C... Berord Card Completed Initials and Date when issued. Awarders' Instructions. 361 Send deft 2. A. to man

(a.) (33666) Wt. 43715/1925 500,000 2-19 WB & L.

Form 90.

Pension Expires - Rejected

Renewals &c., which have taken place since Dischar.

[To be filled in when more than one award has already been made at the time that an Award Short is first taken into use].

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	tional List					A warders Instruct			when issued.

Pension Expires:

STATEMENT AS TO DISABILITY.

. (This form is not applicable to Officers and Sobliers in Hospital or on leave therefrom with will be brought before a Medical Board.)

or not, will be given an of wish to put forward any Service he must sign the S of an Officer of the Unit Signature. Whether a Cla by the Unit Commander, is	and Soldier, whether remaining with the Colours pportunity of filling in this Form. Should he not claim in respect of a Disability due to Military tatement hereunder to this effect, in the presence with which he is serving, who will witness the im is made or not, this Form will be forwarded in the case of every Officer, direct to the Sucretary, of every Soldier, to the Record Office of his Unit.
Unit 561 agric Cog Regiment or Corp Laboration Heatl. No. 455 930 Rank 9.	If the Officer or Soldier has previously been discharged from the Army, Royal Navy or the Boyal Air Force, he will slate:—
Surnamn FULLER (Black Interes) Christian Names ARTHUI in full	(b) Dates of discharge.
Permaneutuddess LONG THE	Particulars of Pension or Gratuity received Nº BURY (if any) MUNO 5
First joined (Dute) 24-3-76 for duty (Dute) 24-3-76 Medical Category or Grads in which join	
	from a disability due to my military survices. **R87* Signature of Officer or Soldier. Signature of Officer witnessing.
I. (a) In what countries have you served during this war and for what periods? (b) In what capacity?	HOME 24.3.16
served during this war and	HOME 24.3-16 -
Misses, wound or injury, state what it is, the date upon which it started, and what in your epinion was the cause of it. (If more space is required a shost of fookenp should be used and attached fronly to this form).	EYE TROUBLE &
3. Give the names of any Hospitals in which you have been treated for the above disabilities during this war.	200 NORTHERN GENERAL, LEEDS
H 4. Dut you saffer from the discuss or injury montioned in above on answer to Question 2, or anything like it before joining the Army? If so, give details and dates.	SZIGHTLY.
5. Give the names and addresses (if you know them) of any Hospitals you were in or at Doctors who attended you before you joined the Army.	No
6. Give the name of your National Health Approved Society and, if possible, your membership number.	ODDECTIONS NOT KNOWN
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Date 20.	1-19		Signed.	Witness)
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(i) Clear	and definite answer	rs to the following	ng questions are to	be carefully filled in by should be in possession of im to pession.
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(ii) The rat ervice in the pr	les of pension vary resent war, (h) due t	according to wh to causes not conn	esher the disability ested with the presen	is (σ) caused or aggravated t war, viz.: (1) previous act
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se Sick List in the case of Warrant Officers treated in quarters.

his hearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, Ac., will be given in the special syphilis case sheet.	Signature of Medical O
 	
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Table IV. Service Table.	1 ate			Brief details, and signature		
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Army Form B. 103.

Regimental Number & 75494

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Place	Date of Offence	Rank	Cases of Drunkers	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Date of award, or of order dispensing with trial	By whom	Date of Commence- ment	Date of Expiration	BEMARKS
Derby	6/8/18	Pli	-	absent from 8/8/16 until ordered to rejoin his Unit by th M.F.P. at the hidland Aly Station Derby about	YChl bannels	Deprived of 3	13/8/18	major Hou.	-		To forfeit 2 day
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