4. (a) Discharged
(Insert appropriate Release or Discharge Certificate)

(b) Transportation Warrant ( if applicable)

(c) Form MFM 289 or 289A, as applicable, or Certificate of Nil Dental requirements.

(d) AFRO 9 Note on Pensions.

(e) Rehabilitation Literature.

(f) War Service Badge "General Service Class" No. 287217 with corresponding certificate

or

RCAF (Reserve) Button, as applicable No .....

5. I hereby declare

(a) That I have read and understand paragraphs 1, 2 and 3.

(b) That I have received the documents Listed under paragraph 4.

(c) That I have received War Service Badge or RCAF (Reserve) Button as numbered above, the number on the Badge Corresponding with the number listed above.

RCAF Number C.A.N.R.26-767

Name Fuller C. H.

Date 23 Dec 44

Signature C. H. Fuller

N.B. If discharge personnel are not entitled to retention of wearing of uniform on discharge delete 1 and 2.

(COPY TO BE GIVEN TO DISCHARGEE)