

DETAIL OF PERSONAL SIZED GARMENTS.

ARTICLE.	SIZE No.
Anklets, Web
Blouse, B.D., or Jackets, K D. or S.D.	Even 17-535
Boots, ankle	Shoes 66-92
Cap, Bonnet or Helmet	Shoes 15-53
Drawers, cellular or woollen
Gloves, knitted	1. Brown
Greatcoat	2. Hair
Jersey, pullover	3. Blue
Overalls
Shirts
Shoes, canvas
Socks, worsted
Trousers, B.D., S.D. or Shorts, K.D.
Vests, woollen

ALL RANKS

REMEMBER—Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

SOLDIER'S PAY BOOK (ACTIVE SERVICE)
ARMY BOOK 64 (PART II)

Army Number 3721
Surname (block letters) DUPONT
Christian Names in full JEAN

Regiment or Corps.....
(TITLE OF UNIT MUST NOT BE ENTERED)

Instructions to Soldier

1. You will produce this book whenever you require an advance of cash on account, or when instructed to do so.
2. You will give a receipt, on the acquittance roll of the Officer paying you, for all cash advances made to you. The Officer making the payment will sign the corresponding entry in this book on the page for cash payments.
3. You will make no entries in this book, except to sign your name and enter your Army number on pages 7, 9, 11 and 13.
4. Should you lose your book you will at once report the loss to your Commanding Officer, when a new book will be issued to you, but it must be understood that no pay can be issued in respect of the period before the date on which you report your loss, until your balance has been ascertained from the Paymaster.
5. You should read carefully the information on pages 1, 2 and 3.

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(1) SOLDIER'S NAME and DESCRIPTION on ATTESTATION.

Army Number 3721
Surname (in capitals) DUPONT
Christian Names (in full) Jean
Date of Birth 16 July 5 - 1921
Place of Birth { Parish
In or near the town of
In the county of
Trade on Enlistment
Nationality of Father at birth
Nationality of Mother at birth
Religious Denomination
Approved Society
Membership No. London
Enlisted at London On 1-2-43
For the:—
* Regular Army. * Supplementary Reserve.
* Territorial Army. * Army Reserve Section D.
* Strike out those inapplicable.
For years with the Colours and years in the Reserve.
Signature of Soldier [Signature]
Date

3

DESCRIPTION ON ENLISTMENT.

Height 1.72 ft. ins. Weight 68 1/2 lbs.
Maximum Chest ins. Complexion Fair
Eyes Green Hair Brown
Distinctive Marks and Minor Defects

Speaks English - French and German

CONDITION ON TRANSFER TO RESERVE.

Found fit for
Defects or History of past illness which should be enquired into if called up for Service

Date 19 44
Initials of M.O. i/c. [Initials]



DAILY RATES OF PAY AND ALLOTMENT AND ANY etc., or Altered Rate

NOTES

- (i) All current entries on this folio will be compared with those on A.F.N.1483 when received from the Paymaster and a fresh line of entries made when necessary.
- (ii) When a soldier's rate of pay is increased or decreased, any qualifying or contributory allotment recoverable will be increased or decreased accordingly, pending receipt of A.F.N.1483 from the Paymaster (see Rates for Lance-Sergeants and below on page 3).
- (iii) Casualties affecting a soldier's pay or cash payments (absence, detention, field

Rank (and Class in the case of Private Soldiers)		Daily Rate of			Gross Daily Rate	Deduct		Net Daily Rate for Issue	
Rank	Class	Trade or 'N' for Normal Rates	Regtl. Pay	L.S. and G.C. Pay		Allot. and/or Comp. Stopp.	P.O. S.B. Deposit	Figures	Words
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10) s. d.
S.C.			2/9	1/1	3/9				3 9 three
Sad O	N		3/1	1/1	4/1				4 1 four
Sad O	Private		3/1	1/6	4/6				4 6 four
L/B.			4/3	1/6	5/9				5 9 five
Cde			4/6	1/3	5/9				6 3 six

CHANGES DUE TO Promotion, Appointment, Reduction, of Allotment

- punishment, forfeited pay, also period involved) will be entered BY AN OFFICER across columns 1 to 4 of the current cash payment folios (7 to 14). Amounts to be debited against the pay account, i.e., remittances, equipment, etc., charges, fines, etc., will be recorded in a similar manner.
- (iv) Particulars and periods of temporary emoluments (additional pay or regular allowances) will be recorded on page 15, not on pages 5 and 6, unless instructed otherwise by the Paymaster.
- (v) All entries must be attested by the signature of the Officer responsible for their accuracy.

Date from which Net Rate of Pay is issuable	Reason and Authority for Changes in Net Rate (e.g., Promotions, Reductions, Alterations in Allotments, etc. See Note (ii) above)	Officer's Signature and Date
Pence	(12)	(13)
nine	21.3.44 Part II N.98	[Signature]
six	17.44 B.A. 17.11.44	[Signature]
nine	31.3.45 P.R. 31.3.45	
three	27.6.45 B.A. 27.6.45	

PARTICULARS OF NEW ARTIFICIAL DENTURES SUPPLIED.

Particulars.	Dental Centre.	Date.	Initials of Dental Officer.

PROTECTIVE INOCULATIONS.

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date.	Initials of Medical Officer.
Cholera	19-4-44	[Signature]
Cholera	18-4-44	[Signature]
Cholera	4-5-44	[Signature]
Cholera	2-6-44	[Signature]

MEDICAL CLASSIFICATION.

Date	Category or Grade	Medical Examiner of Recruits or other Medical Authority.	Initials of Medical Officer.
13-6-44	I		

PRESCRIPTION FOR GLASSES.

Vision without Glasses.	SPH	CYL	Axis Standard Notation.	Vision with Glasses.	Ophth. Centre:	Date of Exam.:

Frame No. (or measurements):

Signature of M.O. _____ Initials of Medical Officer: _____

MEDICAL CLASSIFICATION.			
Date.	Category or Grade.	Medical Examiner of Recruits, or other Medical Authority.	Initials of Medical Officer.
13-6-44	II		

PRESCRIPTION FOR GLASSES.					
Vision without Glasses.	SPH	CYL	Axis Standard Notation.	Vision with Glasses.	Ophth. Centre :
					Date of Exam. :
R					Frame No. (or measurements) :
L					Date of Issue :
					Optician's Initials

VACCINATION.	
Date Vaccinated.	Initials of Medical Officer.

PROTECTIVE INOCULATIONS.		
Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date.	Initials of Medical Officer.
<i>B. typhi</i> I 1/4 cc	10-4-44	
<i>B. typhi</i> II 1/2 cc	27-4-44	
<i>B. typhi</i> III 1 cc	4-5-44	
FA B I Entobion	7-6-44	

PARTICULARS OF NEW ARTIFICIAL DENTURES SUPPLIED.			
Particulars.	Dental Centre.	Date.	Initials of Dental Officer.

Signature of Soldier *J.P. Bennett* Army Number **3721**

Serial Number (1)	Date of Payment (2)	Imprest Number of Unit (3)	*Amount (State Currency) (4)	*Signature of Officer (5)
Total from last page				
29	18.9.44	BAP FB	240	<i>[Signature]</i>
30	6.10.44	BAP FB	790	<i>[Signature]</i>
31	21.10.44		490	<i>[Signature]</i>
32	27.10.44		490	<i>[Signature]</i>
33	18.11.44	ii FB	1100	<i>[Signature]</i>
34	27.11.44		550	<i>[Signature]</i>
35	8.12.44	BAP FB	270	<i>[Signature]</i>
36	15.12.44		270	<i>[Signature]</i>
37	12.12.44	FB	270	<i>[Signature]</i>
38	28.12.44		270	<i>[Signature]</i>
39	12.1.45		550	<i>[Signature]</i>
40	12.1.45		270	<i>[Signature]</i>
41	26.1.45		270	<i>[Signature]</i>
42	2.2.45		270	<i>[Signature]</i>
43	9.2.45		270	<i>[Signature]</i>
44	16.2.45		270	<i>[Signature]</i>
45	23.2.45		270	<i>[Signature]</i>
Total Cash Payments to date				

* The amount entered by the Paying Officer in column 4 will be regarded as authentic and care must be taken at the time of payment to ensure agreement with the acquittance roll.
 † The first entry made in the payments column of this book will be numbered 1, subsequent entries being numbered serially unless instructed otherwise by the Paymaster. This serial number must be entered on the relative voucher or document (acquittance roll or other Army form) or included in Part II or III Orders as indicated in A.C.I.179/1943.