

LEAVE
FORMS

000262

DEPARTMENT OF NATIONAL DEFENCE
MINISTÈRE DE LA DÉFENSE NATIONALE

ON HER MAJESTY
SERVICE DE SA MAJESTÉ

D. N. D. 320
7530-21-562-7259

000263

THE CANADIAN FORCES VOTING REGULATIONS

STATEMENT OF ORDINARY RESIDENCE

(Par. 23 (2), (3b))

*(Only applicable to members of the regular forces enrolled on or prior to the effective date of this paragraph)

I HEREBY DECLARE

THAT my name is A. Kalichuk
that my age is 28, that my rank is Lt Col SGT
and that my number is 15113

THAT the place of my ordinary residence in Canada, as prescribed in paragraph 23 of The Canadian Forces Voting Regulations, is

RCAF Stn
Clinton Ont
(Insert name of city, town, village, or other place in Canada, with street address, if any)

I HEREBY DECLARE that what is stated above is true in substance and in fact.

Dated at Clinton, this 12 day
of Sept, 19 52

Signature of member of the regular forces.

CERTIFICATE OF COMMISSIONED OFFICER

I HEREBY CERTIFY that the above mentioned member of the regular forces of the Canadian Forces, on the date stated above, did make before me the above set forth declaration.

Wm. S. Fellows
Signature of commissioned officer.

F/O 48025 Stn. Clinton
(Insert rank, number, and name of unit)

*Also applicable to a member of the regular forces enrolled subsequent to the effective date of this paragraph, if immediately prior to date of enrolment the member had not a place of residence in Canada.

The pertinent subparagraphs of paragraph 23 are printed on the back of this form.

(OVER)

STATEMENT OF ORDINARY RESIDENCE

EXCERPTS FROM PARAGRAPH 23 OF THE
CANADIAN FORCES VOTING REGULATIONS

Ordinary residence of member of Canadian Forces.

23. (1) For the purpose of these Regulations, the place of ordinary residence of a member of the Canadian Forces shall be deemed to be the place of ordinary residence required to be shown by him or her in the statements provided for in this paragraph.

Ordinary residence of member of regular forces.

(2) After the date of the coming into force of this paragraph, every member of the regular forces of the Canadian Forces shall within three months complete, in duplicate, before a commissioned officer, a statement of ordinary residence, in Form No. 15, in which he or she shall show as his or her place of ordinary residence

- (a) the city, town, village, or other place in Canada, with street address, if any, in which was situated, at the time of the coming into force of this paragraph, the residence of a person who is the wife, dependent, relative or next of kin of such member; or
- (b) the city, town, village, or other place in Canada, with street address, if any, where such member was residing as a result of the services performed by him or her in such forces, at the time of the coming into force of this paragraph; or,
- (c) the city, town, village, or other place in Canada, with street address, if any, in which was situated his or her place of ordinary residence prior to enrolment;

but where none of the foregoing clauses (a), (b) or (c) is applicable to a member of the regular forces, the place of ordinary residence to be shown shall be the city, town, village, or other place in Canada, with street address, if any, where such member resided as a result of the service performed by him or her in such forces immediately prior to being appointed, posted, or drafted for service outside of Canada, including service in a ship.

Ordinary residence on enrolment in regular forces.

(3) After the date of the coming into force of this paragraph,

* * * *

- (b) a person, not having a place of ordinary residence in Canada immediately prior to enrolment in the regular forces of the Canadian Forces, shall complete, as soon as one or more of the provisions of subparagraph 2 become applicable to his or her circumstances, a statement of ordinary residence, in Form No. 15, before a commissioned officer.

* * * *

Filing of statements.

(7) The original of each statement of ordinary residence or statement of change of ordinary residence completed pursuant to the subparagraphs of this paragraph shall be forwarded to and filed at the appropriate service Headquarters and the duplicate shall be retained in the unit with the declarant's service documents.

| | | | |
|--------------------------------|-------------|---------------------------------|------------|
| Number 15113 429 488 018 | Rank SGT | Name and Initials KALICHUK A | DEC 9 1968 |
|--------------------------------|-------------|---------------------------------|------------|

CHECK FEB 1969

Release

**RECORD OF
PERSONAL LOAN EQUIPMENT ENVELOPE**

429-488-018

NAME AND INITIALS
KALICHUK A
RANK
SGT
ENLISTMENT DATE
24 Jan 50
TRADE
Sup Tech

NUMBER
15113

**RECORD OF PERSONAL
LOAN EQUIPMENT**

CARD # EXTENSION
1 YES
TOOL KIT
 YES

SPECIAL SIZE SHOES
SIZE WIDTH LAST SERIAL NUMBER
9 A A
ADDRESS

CERTIFIED CORRECT ON DEPARTURE

| On Transfer From | Date | Signature | ✓ |
|------------------|--------|-------------------|---|
| CENTRALIA | 8.3.65 | R. J. [Signature] | |
| Clinton | 2/6/69 | [Signature] | |

VERIFIED CORRECT ON ARRIVAL

| On Transfer To | Date | Signature | ✓ |
|----------------|---------|-------------|---|
| Centralia | 15/3/65 | [Signature] | |
| CLINTON. | 30/3/65 | [Signature] | |
| Release | | | |

| Date | DND 634 | Qty | Price | ✓ |
|-----------|---------|-----|-------|---|
| 21 Nov 61 | 036089 | 1 | 24.95 | |
| 11 Dec 63 | 221172 | 1 | 19.95 | |
| 6/1/64 | 221600 | 1 | 12.25 | |
| 1/5/65 | 311034 | 1 | 24.95 | |
| 1/9/65 | 311184 | | 24.95 | |
| 29/3/68 | 525814 | | 24.95 | |
| 4/1/68 | 525996 | | 23.95 | |

| Stock Number | Description | Authority | ISSUES | | | | RETURNS | | | | | | | | |
|---|-------------|------------|--------|---------------|------|---------|---------|-----|---------|------|---------|---------|---|--|--|
| | | | Qty | Voucher | Date | Initial | ✓ | Qty | Voucher | Date | Balance | Initial | ✓ | | |
| 22N/8405-21-800-0841 Service Cap Airmen C/W Badge | | B1 | 1 | CUT OVER 1962 | | | | | | | | | | | |
| 9C - 6665 - 21 - 103 - 2050 Detector Radiac DT 60A-PD SER. # A063905 | | AFRO 80 | 1 | CUT OVER 1962 | | | | | | | | | | | |
| 21R 141 21R 141 | Ben Hart | AFRO 14/57 | 1 | CUT OVER 1962 | | | | | | | | | | | |
| 22R 102 | Ben Hart | | 1 | CUT OVER 1962 | | | | | | | | | | | |

000267

MESSAGE FORM

FOR *IN*CMCN/SIGNALS USE

FILE **429 488 018(BOR)**
NUMBER

| | | | |
|---------------------------------------|-----------------------------------|--|--|
| PRECEDENCE - ACTION ROUTINE | PRECEDENCE - INFO DEFERRED | DATE - TIME GROUP 221506Z APR 69 | MESSAGE INSTRUCTIONS |
| FROM CANFORBASE CLINTON | | | PREFIX GR |
| TO CANTRAINCOM | | | SECURITY CLASSIFICATION UNCLAS |
| INFO | | | ORIGINATOR'S NUMBER BOR 178 |

**SUBJECT: RELEASE 429 488 018 SGT(AF) KALICHUK A SUPTECH 911
REQUEST REPLACEMENT FOR SGT KALICHUK PENDING RELEASE UNDER QR&O
15.01 ART 4(A). TERMINAL LEAVE COMMENCES APPROXIMATELY 1 JUL 69**

| | | | | | | | | | | | |
|---------------|---|-------------------------------|----------------------|-------------------------|----------|----------|------|------|--------|----------|---|
| PAGE OF PAGES | REFERS TO MESSAGE | DRAFTER'S NAME <i>Arvo</i> | OFFICE PIE | TEL. | | | | | | | |
| | CLASSIFIED YES <input type="checkbox"/> NO <input type="checkbox"/> | OB F GRUMP | PIE | BOR/RECS 221 bfc | | | | | | | |
| FOR OPR'S USE | R | DATE | TIME | SYSTEM | OPERATOR | D | DATE | TIME | SYSTEM | OPERATOR | RELEASING OFFICER'S SIGNATURE <i>[Signature]</i> H W LEAFLOOR CAPT |

BOR

CLEARANCE CERTIFICATE

PART I

Number 429-488-018 Rank Sgt Name & Initials Kalichuk A
Trade/Branch Supply Auth: CFHQ DPI/RP4657 282030Z Apr 69
Proceeding On Release to QR&015.01 XX 4 (a) eff 28 Nov 69

NOTE: INDIVIDUAL TO CONTACT PAY ACCOUNTS TO ARRANGE FOR FINAL PAY PRIOR TO REPORTING FOR FINAL CLEARANCE.

| SECTION | ARTICLES | NUMBER & VALUE | VOUCHER NO | SIGNATURE |
|--------------|----------|----------------|------------|--------------------|
| M&I ACCOUNTS | — | — | — | <i>[Signature]</i> |
| PAY ACCOUNTS | | | | <i>[Signature]</i> |
| Supply | | | | <i>[Signature]</i> |
| Dental | | | | <i>[Signature]</i> |

Liability is admitted for the articles listed above and on the attached personal liability and clearance serial _____.

Signature of Individual

CLEARANCE CERTIFICATE

CFB CLINTON

PART II

"Certified that the deficiencies charged to SGT. KALICHUK A. are recorded in the Accounts Section and to the best of my knowledge he has no other liability outstanding at this unit".

Date 3 JUNE 69

Accounts Officer *[Signature]*

BOR/NOV 68

STATEMENT OF UNDERSTANDING

(To be completed by personnel being released from the Regular Forces)

1. I, 429 488 018 SGT(AF) KALICHUK A
(Number) (Rank) (Name)

understand that:

- a. I am to be released from the Regular Force on 28 Nov 69
under item 4(a) of the table to QR&O 15.01.
- b. I may be entitled to post-release medical care in Canada, only if I am receiving active treatment in hospital on the final day of my service. Entitlement to such medical care will cease one year after the date of my release from the Regular Force or after a period subsequent to release which is equal to the time I have served with the Regular Forces, whichever is the earlier.
- c. I am entitled to treatment by the Department of Veterans' Affairs for a disability for which I may be in receipt of a pension awarded pursuant to the Pension Act and which I acquired during service in wartime, in Korea, or in any special duty area as defined in GFAO 56.18.
- d. If I am not entitled to post-release medical care but consider I have a pensionable disability, I should apply, after my release to the Canadian Pension Commission through the senior pension medical examiner in my district.
- e. If I should apply at a later date for re-enrolment as a man -
 - (1) I shall not be eligible to count my previous service for incentive pay if I have been out of the Service for more than three years, and
 - (2) I shall not be eligible for rank and seniority adjustment based on my previous service if I have been out of the Service for more than five years.
- f. If while on terminal leave, I have any question concerning my pay, pension, or any other administrative matter, I should contact CFBHQ direct or through the nearest Regular Force unit, except that I should direct any question on my transportation entitlements in accordance with Annex A to Pay Directive 24/67.

2. I hereby certify that entitlement to transportation and travelling benefits on release as prescribed in QR&O 209.70 (QR&O 209.72*) and any entitlement that I may have to move my dependants, furniture, and effects as prescribed in QR&O 209.82 and 209.84 (QR&O 209.845*) have been explained to me, and that I understand that I must make my application in writing within a year (30 days*) of the effective date of my release, and that I may not change my election after exercising any part of my entitlement to these benefits.

*Delete QR&O article/time period not applicable.

H/W Leafloor CAPT(A)
(Signature of Witness)

2 JUN 69

(Date)

A Kalichuk
(Signature)

DECLARATION OF INTENDED PLACE OF RESIDENCE ON RELEASE

1. Particulars of Officer or Man and Dependants.

- a. Number, rank, and name 429 488 018 Sgt(AF) KALICHUK A SupTech 911
b. Release item 4(a) * c. Effective date 28th Nov 69
d. POR number 108 6 Jun 69 e. Date of enrolment 24 Jan 50
f. Address on enrolment Sifton, Manitoba
g. Last place dependants moved at public expense CFB CLINTON ONT
h. Last address F&E moved at public expense CFB CLINTON ONT
j. Wife's name Mrs Helen KALICHUK
k. Children's names, sex, and date of birth Witold (M) [REDACTED] &
s.19(1) Mark Frank (M) [REDACTED]

*In case of item 4c release, indicate whether payment of pension or annuity has been recommended by the Minister - YES/NO. N/A

2. Declaration. I hereby declare that:

- ~~a. I wish to exercise my entitlement to transportation and travelling benefits immediately and my intended place of residence is _____~~
b. I wish to exercise my entitlement to transportation and travelling benefits at a later date. I will apply to the nearest Regular Force unit when I decide to exercise my entitlement.
H.W. Leafloor CAPT(A) [Signature]
(Signature of Witness) (Signature)
2 Jun 69
(Date)

(Either para 2a or 2b must be deleted)

3. Declaration After Deferment. I now wish to exercise my entitlement to transportation and travelling benefits and my intended place of residence is _____

(Signature of Witness)

(Signature)

(Date)

DEPARTMENT OF NATIONAL DEFENCE
SECURITY CAUTION AND DOCUMENT RETURN
CERTIFICATE

MINISTÈRE DE LA DÉFENSE NATIONALE
CERTIFICAT RELATIF À LA SÉCURITÉ ET À
LA REMISE DES DOCUMENTS

(To be completed by all Service and civilian personnel on termination of service or employment in the (* CAF).
(A remplir par tous les membres des personnels militaire et civil au terme de leur service ou de leur emploi dans (*).

I, 429 488 018 SGT(A) KALICHUK A SUPTECH 911
Je soussigné: Print or type full name, rank and official number
Nom au complet, grade et matricule en capitales ou à la machine à écrire

do hereby certify that I am fully aware of the provisions of the Official Secrets Act regarding unlawful disclosure of official information and that I have returned all identification cards, passes, permits and classified documents which were in my possession to the appropriate authorities authorized to receive them on behalf of (* CAF).
certifie par les présentes que je suis pleinement au courant des dispositions de la Loi sur les secrets officiels concernant la divulgation illégale des renseignements officiels et que j'ai remis tous les laissez-passer, permis, cartes d'identité et documents classifiés qui étaient en ma possession aux autorités compétentes habilitées à les recevoir pour le compte de (*).

Signed this 2nd day of June 19 69
Signé ce jour d

Signature: *A Kalichuk* A KALICHUK
Signature:

Signed in the presence of: (Signature) *[Signature]*
Signé en présence de: (Signature) H. W. LEAFLOOR

(Witnessing Officer) (Rank) CAPT(A)
(Témoin) (Grade)

(Official No.) s.19(1)
(Numéro matricule)

(Ship, estab., or unit) BPERSADMO CFB CLINTON
(Navire, établissement ou unité)

* INSERT RCN, Army, RCAF, or DND, as applicable.
* INSCRIRE, selon le cas: la Marine, l'Armée, l'Aviation ou le ministère de la Défense nationale.

DND 803 (BU)
7530-91-509-7346

NNNNVV CBA058ABB083

UU
RCR- COMINGEN

~~RR RCCBE~~

~~DE RCCWC 100S 29/1400Z~~ APR 23 14 21 '69

~~BT~~

~~UNCLAS SVC ZUI RCCBE 6 29/1341Z, ZDK RCCWC 740 28/2042Z~~

RR RCCBE

DE RCCWC 740 28/2042Z

R 282030Z APR 69

FM CANFORCEHED

TO RCCBE/CANFORBASE CLINTON

INFO RCWPC/CANTRAINCOM

BT

UNCLAS DPI/RP 4657

SUBJECT: RELEASE AMENDMENT

REF: A. YOUR P ADM 36 092000Z APR 69

B. MY DPI/RP 2816 241630Z FEB 69

A 429 488 018 SGT (A) KALICHUK A SUP TECH 911 CFB CLINTON

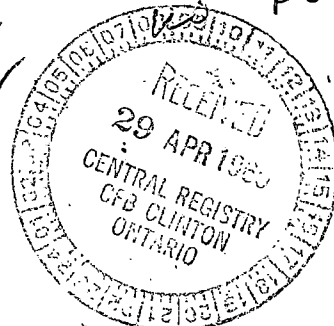
B ITEM 4A. RELEASE PROCEEDINGS TO COMMENCE 30 JUN 69 AMENDED TO

2 JUN 69

BT (3) BT30
TO note all

Carber/Ken cont.
B. Peter/John
202

29/64



11C30R

| TRANSIT RECORD | |
|----------------------------|-----------|
| 4468 | |
| FILE REFERENCE 429-488-018 | |
| PASSED TO | INITIALS |
| PA or BF | |
| WOTE | |
| BOR | 29 Apr 69 |
| PAAD | 29 Apr 69 |
| BT30 | 29 Apr 69 |
| BSUP | 29 Apr 69 |
| Sgt Kalichuk | 30 Apr 69 |
| MCO | |
| BOR | 1 May 69 |

(2) PAAD
Follow-up amendments
will be done by BOR(SR)
Amro

MESSAGE FORM

FILE 429 488 018(BOR)

FOR ~~COMM~~CEN/SIGNALS USE

NUMBER

| | | | |
|---------------------------------------|-----------------------------------|--|--|
| PRECEDENCE - ACTION ROUTINE | PRECEDENCE - INFO DEFERRED | DATE - TIME GROUP 301433Z APR 69 | MESSAGE INSTRUCTIONS |
| FROM | CANFORBASE CLINTON | | PREFIX GR |
| TO | CANFORCEHD (FOR DPI/RR) | | SECURITY CLASSIFICATION UNCLAS |
| INFO | | | ORIGINATOR'S NUMBER BOR 201 |

SUBJECT: CF75 CERTIFICATE OF SERVICE AND ATTACHMENT AMENDMENT RE:
429 488 018 SGT(A) KALICHUK A SUPTECH 91L CFB CLINTON
REF: OUR DND 728 803(BOR SR) D/27 MAR 69
AMEND CF 75 RE SGT KALICHUK TO READ QUOTE DATE TERMINAL LEAVE
TO COMMENCE: 2 JUN 69; AND EFFECTIVE DATE OF RELEASE: ~~28~~²⁹ NOV 69
UNQUOTE. (AUTH: CANFORCEHD DPI/RP 4657 282030Z APR)
~~XX~~

Ar u d

[Handwritten Signature]

R F CRUMP PTE BOR/REGS

| | | | | | | | | | | | |
|---------------|---|----------------|--------|--------|----------|---|------|------|--------|----------|-------------------------------|
| PAGE OF PAGES | REFERS TO MESSAGE | DRAFTER'S NAME | OFFICE | TEL. | | | | | | | |
| | CLASSIFIED YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | |
| FOR OPR'S USE | R | DATE | TIME | SYSTEM | OPERATOR | D | DATE | TIME | SYSTEM | OPERATOR | RELEASING OFFICER'S SIGNATURE |
| | | | | | | | | | | | <i>[Signature]</i> |
| | | | | | | | | | | | H/W LEAFLOOR CAPT |



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

| | | | |
|--|-------------------------------|---|----------------------------------|
| Number - Matricule 429 488 018 | Rank - Grade SGT(A) | Surname - Nom de famille KALICHUK | Initials - Initiales A |
|--|-------------------------------|---|----------------------------------|

| | |
|-----------------------------|---|
| Unité C 2 CLINTON | Address while on leave - Adresse durant le congé RR4 WALTON ONTARIO |
|-----------------------------|---|

| LEAVE GRANTED - CONGÉ OBTENU | | | | Other (specify) - Autre (spécifier) TERMINAL LEAVE | Total - Total Days - Jours 180 | From - De Date 2 JUN 69 | To - 28 Date NOV 69 |
|-------------------------------------|-------------------------------------|---|--|--|---|--------------------------------------|---|
| Annual - Annuel Days Jours | Special Spécial Days Jours | Travelling Time Délai de route Days Jours | Short Leave Congé de courte durée Days Jours | | | | |
| | | | | 180 | 180 | 0000 Hrs Heures | 2400 Hrs Heures |

| | | |
|---------------------------------|--|--------------------------------|
| RECOMMENDED BY - RECOMMANDÉ PAR | APPROVED BY - APPROUVÉ PAR H W LEAFLOOR CAPT(A) Rank - Grade | Unit stamp - Timbre de l'unité |
|---------------------------------|--|--------------------------------|

| TRAVEL ABROAD - VOYAGE À L'ÉTRANGER | |
|--|---|
| 1. Countries authorized to visit: Pays où le militaire est autorisé à se rendre N/A | 2. Authorized to wear uniform: Permission de porter l'uniforme: yes <input type="checkbox"/> / no <input type="checkbox"/> oui <input checked="" type="checkbox"/> N/A / non <input type="checkbox"/> |

| | | |
|---|--|--|
| TO BE COMPLETED ONLY WHEN BENEFITS OF QR 209.50 REQUESTED. REMPILIR SEULEMENT SI L'OR 209.50 EST APPLICABLE. | This is to certify that the above named member of the Canadian Forces reported at this office. <i>Il est certifié que le militaire nommé ci-dessus s'est présenté à notre bureau.</i> | Office stamp - Timbre du bureau Date Place - Lieu Signature |
|---|--|--|

000276

SUPPLEMENTARY DEATH BENEFITS PLAN
ACKNOWLEDGEMENT FORM

To be completed only by a Regular Forces participant who is not eligible for a pension under the Defence Services Pension Continuation Act or an annuity under the Canadian Forces Superannuation Act at any time during the last year of his service or at the time of leaving his last unit on release from the Regular Forces.

I, 429 488 018 SGT(AF) KALICHUK Alexander
(Number) (Rank) (Surname) (Given Names)

hereby acknowledge that I have been informed of the conditions of election to continue to be a participant in the Supplementary Death Benefits Plan under Part III of the Canadian Forces Superannuation Act on my release from the Regular Forces and I have received an election form and a copy of the schedule of rates. I further acknowledge I understand that, if I wish to elect, I must do so within one year before, or within 30 days after, the last day of the month in which my release is effective.

2 JUN 69
(Date)


(Signature of Participant)

Release Base CFB Clinton

This acknowledgement, when signed, shall be placed in the member's Service Documents Envelope.

Note: This form shall be reproduced locally.

Issued 30 Jun 67

AL 26/67

CANADIAN ARMED FORCES CONDUCT SHEET

SI Number 429-488-018Name & Initials KALICHUK AEnrolment Date 24 Jan 50Birth Date 3 Nov 23

Signature & Rank of CO

EW Ryan
EW Ryan Colonel

| UNIT | RANK | NDA or Other Section | STATEMENT OF OFFENCE AND PARTICULARS | PUNISHMENT | DATE OF AWARD | AWARDED BY |
|------------------------------------|------|----------------------------|---|------------------------------------|------------------|-----------------------------|
| Trenton Ont <i>15 Jul 50</i> | LAC | | Did unlawfully do an indecent act in the residence at 85 West St., Trenton, intending thereby to insult or offend Mrs. Mary Wood, contrary to Section 205-B of the Canadian Criminal Code TC letter C15113 (SPSO) 6 Sep 50. | \$10.00 fine & \$39.00 costs | | Civil Court Trenton Ont. |

CANADIAN FORCES LEAVE RECORD

| SI NUMBER <i>487 430 018</i> | | | | RANK (IN PENCIL) | NAME AND INITIALS <i>A. J. HARRIS</i> | | | | |
|---------------------------------|--------------|-------------|-----------|------------------|--|------------|-------------|-----------|-------------|
| TYPE OF LEAVE | LEAVE YEAR | NO. OF DAYS | TRAV TIME | FROM (DATE) | TYPE OF LEAVE | LEAVE YEAR | NO. OF DAYS | TRAV TIME | FROM (DATE) |
| <i>Annual</i> | <i>68/68</i> | <i>7</i> | | <i>12/1/68</i> | | | | | |
| <i>Annual</i> | <i>68/68</i> | <i>1</i> | | <i>6/25/68</i> | | | | | |
| <i>Annual</i> | <i>68/68</i> | <i>2</i> | | <i>2/2/68</i> | | | | | |
| <i>Annual</i> | <i>68/68</i> | <i>1</i> | | <i>4/20/68</i> | | | | | |
| <i>Annual</i> | <i>68/68</i> | <i>4</i> | | <i>2/22/68</i> | | | | | |
| <i>Annual</i> | <i>68/69</i> | <i>15</i> | | <i>2/2/68</i> | | | | | |
| <i>Annual</i> | <i>68/69</i> | <i>18</i> | | <i>19/8/68</i> | | | | | |
| <i>Annual</i> | <i>68/69</i> | <i>1</i> | | <i>1/12/68</i> | | | | | |
| <i>Annual</i> | <i>68/69</i> | <i>7</i> | | <i>1/18/69</i> | | | | | |
| <i>Annual</i> | <i>68/69</i> | <i>3</i> | | <i>17/2/69</i> | | | | | |
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CANADIAN FORCES LEAVE RECORD

| SI NUMBER | | RANK (IN PENCIL) | | | NAME AND INITIALS | | | | |
|---------------|------------|------------------|-----------|-------------|-------------------|------------|-------------|-----------|-------------|
| 429 488 018 | | SGT | | | KALICHUK A. | | | | |
| TYPE OF LEAVE | LEAVE YEAR | NO. OF DAYS | TRAV TIME | FROM (DATE) | TYPE OF LEAVE | LEAVE YEAR | NO. OF DAYS | TRAV TIME | FROM (DATE) |
| Annual | 68/69 | 4 | | 16/4/68 | | | | | |
| Annual | 68/69 | 1 | | 6/5/68 | | | | | |
| Annual | 68/69 | 2 | | 21/5/68 | | | | | |
| Annual | 68/69 | 1 | | 11/6/68 | | | | | |
| Annual | 68/69 | 4 | | 2/7/68 | | | | | |
| Annual | 68/69 | 5 | | 12/8/68 | | | | | |
| Annual | 68/69 | 2 | | 19/9/68 | | | | | |
| Annual | 68/69 | 1 | | 1/10/68 | | | | | |
| Annual | 68/69 | 7 | | 4/11/68 | | | | | |
| Annual | 68/69 | 3 | | 17/2/69 | | | | | |



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule: 429 488 018 Rank - Grade: SGT Surname - Nom de famille: Kalichuk Initials - Initiales: A

Unit - Unité: EFB Clinton Address while on leave - Adresse durant le congé: RR 4 Walton, Ont

| LEAVE GRANTED - CONGÉ OBTENU | | | | Other (specify) - Autre (spécifier) | Total - Total Days - Jours | From - De | To - À |
|------------------------------|--------------------|--------------------------------------|---|-------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée | | | Date | Date |
| 3 Days Jours | | | | | 3 | 17 Feb 69 Date 0000 Hrs | 19 Feb 69 Date 2400 Hrs |

RECOMMENDED BY - RECOMMANDÉ PAR: *[Signature]* Rank - Grade: _____
 APPROVED BY - APPROUVÉ PAR: *[Signature]* Rank - Grade: _____
 Unit stamp - Timbre de l'unité: *[Signature]*

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit:
Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform:
Permission de porter l'uniforme:
 yes no
 oui non

TO BE COMPLETED ONLY WHEN BENEFITS OF QR 209.50 REQUESTED.

REPLIR SEULEMENT SI L'OR 209.50 EST APPLICABLE.

This is to certify that the above named member of the Canadian Forces reported at this office.

Il est certifié que le militaire nommé ci-dessus s'est présenté à notre bureau.

Office stamp - Timbre du bureau: _____
 Date: _____
 Place - Lieu: _____
 Signature: _____

000281



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule: **429 488 018** Rank - Grade: **Sgt** Surname - Nom de famille: **Kalichuk** Initials - Initiales: **A**

Unit - Unité: **CFB Clinton** Address while on leave - Adresse durant le congé: **RR4 Walton**

| LEAVE GRANTED - CONGÉ OBTENU | | | | Other (specify) - Autre (spécifier) | Total - Total Days - Jours | From - De | To - À |
|------------------------------|-----------------|--------------------------------|-----------------------------------|-------------------------------------|----------------------------|------------------------|------------------------|
| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée | | | 4 Nov 68 | 10 Nov 68 |
| Days Jours | Days Jours | Days Jours | Days Jours | Days Jours | 7 | Date | Date |
| 7 | | | | | | 0000 Hrs Heures | 2400 Hrs Heures |

RECOMMENDED BY - RECOMMANDÉ PAR: _____ APPROVED BY - APPROUVÉ PAR: _____
 Rank - Grade: _____ Rank - Grade: _____

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit: **USA**
 Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform: Permission de porter l'uniforme:
 yes no
 oui non

TO BE COMPLETED ONLY WHEN BENEFITS OF QR 209.50 REQUESTED.

REPLIR SEULEMENT SI L'OR 209.50 EST APPLICABLE.

This is to certify that the above named member of the Canadian Forces reported at this office.

Il est certifié que le militaire nommé ci-dessus s'est présenté à notre bureau.

Office stamp - Timbre du bureau: _____ Date: _____
 Place - Lieu: _____
 Signature: _____

000282



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule

429-488-018

Rank - Grade

A9T

Surname - Nom de famille

KALICHUK

Initials - Initiales

A

Unit - Unité

CFB CLINTON ONT

Address while on leave - Adresse durant le congé

RR4 WALTON ONT

LEAVE GRANTED - CONGÉ OBTENU

| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée |
|--------------------|--------------------|--------------------------------------|---|
| Days Jours | Days Jours | Days Jours | Days Jours |
| 1 | | | |

Other (specify) - Autre (spécifier)

Total - Total
Days - Jours

1

From - De

1 OCT 68

Date

0000

Hrs
Heures

To - À

1 OCT 68

Date

2400

Hrs
Heures

RECOMMENDED BY - RECOMMANDÉ PAR

APPROVED BY - APPROUVÉ PAR

Rank - Grade

Rank - Grade

Unit stamp - Timbre de l'unité

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit:
Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform:
Permission de porter l'uniforme:
yes no
oui non

TO BE COMPLETED ONLY
WHEN BENEFITS OF
QR 209.50 REQUESTED.

This is to certify that the
above named member of the
Canadian Forces reported
at this office.

À COMPLÉTER SEULEMENT SI
L'OR 209.50 EST
APPLICABLE.

Il est certifié que le militaire
nommé ci-dessus s'est
présenté à notre bureau.

Office stamp - Timbre du bureau

Date

Place - Lieu

Signature



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule: **429 488 018** Rank - Grade: **SGT** Surname - Nom de famille: **KALICHUK** Initials - Initiales: **A**

Unit - Unité: **CFB CLINTON** Address while on leave - Adresse durant le congé: **RR #4 Walton**

| LEAVE GRANTED - CONGÉ OBTENU | | | | Other (specify) - Autre (spécifier) | Total - Total Days - Jours | From - De | To - À |
|------------------------------|--------------------|--------------------------------------|---|-------------------------------------|-------------------------------|---|---|
| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée | | | Date | Date |
| 2 Days Jours | | | | | 2 | 19 Sep 68 Date 0000 Hrs Heures | 20 Sep 68 Date 2400 Hrs Heures |

RECOMMENDED BY - RECOMMANDÉ PAR: *[Signature]* Rank - Grade: *[Signature]*
 APPROVED BY - APPROUVÉ PAR: *[Signature]* Rank - Grade: *[Signature]*
 Unit stamp - Timbre de l'unité: *[Blank]*

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit: **USA**
 Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform:
 Permission de porter l'uniforme:
 yes no
 oui non

TO BE COMPLETED ONLY WHEN BENEFITS OF QR 209.50 REQUESTED.

IR SEULEMENT SI L'OR 209.50 EST APPLICABLE.

This is to certify that the above named member of the Canadian Forces reported at this office.

Il est certifié que le militaire nommé ci-dessus s'est présenté à notre bureau.

Office stamp - Timbre du bureau: *[Blank]*

Date: *[Blank]*
 Place - Lieu: *[Blank]*
 Signature: *[Blank]*

000284



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule

429-488 018

Rank - Grade

Pvt

Surname - Nom de famille

KALICHUK A

Initials - Initiales

Unit - Unité

CFB CLINTON ONT

Address while on leave - Adresse durant le congé

RR 4 WALTON ONT

LEAVE GRANTED - CONGÉ OBTENU

| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée |
|--------------------|--------------------|--------------------------------------|---|
| Days Jours | Days Jours | Days Jours | Days Jours |
| 5 | | | |

Other (specify) - Autre (spécifier)

Days
Jours

Total - Total
Days - Jours

5

From - De
Date

12 Aug 68

0000 Hrs
Heures

To - À
Date

16 Aug 68

2400 Hrs
Heures

RECOMMENDED BY - RECOMMANDÉ PAR

APPROVED BY - APPROUVÉ PAR

Unit stamp - Timbre de l'unité

Rank - Grade

Rank - Grade

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit:
Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform:
Permission de porter l'uniforme:

yes no
oui non

TO BE COMPLETED ONLY
WHEN BENEFITS OF
QR 209.50 REQUESTED.

REMPLIR SEULEMENT SI
L'OR 209.50 EST
APPLICABLE.

This is to certify that the
above named member of the
Canadian Forces reported
at this office.

Il est certifié que le militaire
nommé ci-dessus s'est
présenté à notre bureau.

Office stamp - Timbre du bureau

Date

Place - Lieu

Signature

000285



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule

429 488 018

Rank - Grade

Sgt

Surname - Nom de famille

Kalichuk

Initials - Initiales

A

Unit - Unité

CFB Clinton

Address while on leave - Adresse durant le congé

RR #4 Walton

LEAVE GRANTED - CONGÉ OBTENU

| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée |
|--------------------|--------------------|--------------------------------------|---|
| Days Jours | Days Jours | Days Jours | Days Jours |
| 4 | | | |

Other (specify) - Autre (spécifier)

Total - Total
Days - Jours

4

From - De

2 July 68

Date

0000

Hrs
Heures

To - À

5 July 68

Date

2400

Hrs
Heures

RECOMMENDED BY - RECOMMANDÉ PAR

APPROVED BY - APPROUVÉ PAR

Rank - Grade

Rank - Grade

Unit stamp - Timbre de l'unité

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit: **USA**
Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform:
Permission de porter l'uniforme:
yes no
oui non

TO BE COMPLETED ONLY
WHEN BENEFITS OF
QR 209.50 REQUESTED.

REMPLIR SEULEMENT SI
L'OR 209.50 EST
APPLICABLE.

This is to certify that the
above named member of the
Canadian Forces reported
at this office.

Il est certifié que le militaire
nommé ci-dessus s'est
présenté à notre bureau.

Office stamp - Timbre du bureau

Date

Place - Lieu

Signature

000286



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule

429-488-018

Rank - Grade

Sgt

Surname - Nom de famille

KALICHUK A.

Initials - Initiales

Unit - Unité

CFB CLINTON

Address while on leave - Adresse durant le congé

RR4 WALTON ONT

LEAVE GRANTED - CONGÉ OBTENU

| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée |
|--------------------|--------------------|--------------------------------------|---|
| Days Jours | Days Jours | Days Jours | Days Jours |
| 1 | | | |

Other (specify) - Autre (spécifier)

Total - Total
Days - Jours

1

From - De

11 JUNE 68

Date

0000 Hrs

To - À

11 JUNE 68

Date

2400 Hrs

RECOMMENDED BY - RECOMMANDÉ PAR

APPROVED BY - APPROUVÉ PAR

Rank - Grade

Rank - Grade

Unit stamp - Timbre de l'unité

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit:
Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform:
Permission de porter l'uniforme:
yes no
oui non

TO BE COMPLETED ONLY
WHEN BENEFITS OF
QR 209.50 REQUESTED.

À COMPLÉTER SEULEMENT SI
L'OR 209.50 EST
APPLICABLE.

This is to certify that the
above named member of the
Canadian Forces reported
at this office.

Il est certifié que le militaire
nommé ci-dessus s'est
présenté à notre bureau.

Office stamp - Timbre du bureau

Date

Place - Lieu

Signature

000287



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule: **429 488 018** Rank - Grade: **Sgt** Surname - Nom de famille: **Kalichuk** Initials - Initiales: **A**

Unit - Unité: **CFB Clinton** Address while on leave - Adresse durant le congé: **RR 4 Walton Ont**

| LEAVE GRANTED - CONGÉ OBTENU | | | | Other (specify) - Autre (spécifier) | Total - Total Days - Jours | From - De | | To - À | |
|------------------------------|--------------------|--------------------------------------|---|-------------------------------------|-------------------------------|-----------|-----------|--------|------|
| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée | | | Date | Date | Hrs | Hrs |
| 2 Days Jours | | | | | 2 | 21 May 68 | 22 May 68 | 0000 | 2400 |
| | | | | | | | | | |

RECOMMENDED BY - RECOMMANDÉ PAR: _____ Rank - Grade: _____
 APPROVED BY - APPROUVÉ PAR: *[Signature]* Rank - Grade: _____
 Unit stamp - Timbre de l'unité:
 Base Commander
 Canadian Forces Base Clinton
 Adastral Park, Ont.

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit: **USA**
 Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform:
 Permission de porter l'uniforme:
 yes no
 oui non

Certified leave entered R331 *[Signature]*

TO BE COMPLETED ONLY WHEN BENEFITS OF QR 20 REQUESTED.

REPLIR SEULEMENT SI L'OR 209.50 EST APPLICABLE.

This is to certify that the above named member of the Canadian Forces reported at this office.

Il est certifié que le militaire nommé ci-dessus s'est présenté à notre bureau.

Office stamp - Timbre du bureau

Date: _____
 Place - Lieu: _____
 Signature: _____

000288



CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule: **429-488-018** Rank - Grade: **Sgt** Surname - Nom de famille: **KALICHUK** Initials - Initiales: **A**

Unit - Unité: **CFB CLINTON** Address while on leave - Adresse durant le congé: **RR4 WALTON ONT**

| LEAVE GRANTED - CONGÉ OBTENU | | | | Other (specify) - Autre (spécifier) | Total - Total Days - Jours | From - De | To - À |
|------------------------------|--------------------|--------------------------------------|---|-------------------------------------|-------------------------------|--------------------|--------------------|
| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée | | | Date | Date |
| 1 Days Jours | | | | | 1 Days Jours | 6 May 68 Date | 6 May 68 Date |
| | | | | | | 0000 Hrs Heures | 2400 Hrs Heures |

RECOMMENDED BY - RECOMMANDÉ PAR: *[Signature]* Rank - Grade: *[Blank]*
 APPROVED BY - APPROUVÉ PAR: *[Signature]* Rank - Grade: **Sgt**

Unit stamp - Timbre de l'unité
Base Commander
Canadian Forces Base Clinton
Adastral Park, Ont.

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit:
Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform:
Permission de porter l'uniforme:
 yes no
 oui non

Certified leave entered R331 *[Signature]*

TO BE COMPLETED ONLY WHEN BENEFITS OF QR 209 ARE REQUESTED.

REEMPLIR SEULEMENT SI L'OR 209.50 EST APPLICABLE.

This is to certify that the above named member of the Canadian Forces reported at this office.

Il est certifié que le militaire nommé ci-dessus s'est présenté à notre bureau.

Office stamp - Timbre du bureau

Date

Place - Lieu

Signature

000289

CANADIAN FORCES LEAVE AUTHORIZATION - AUTORISATION DE CONGÉ DES FORCES CANADIENNES

Number - Matricule: **129-488-018** Rank - Grade: **Sgt** Surname - Nom de famille: **Kalichuk** Initials - Initiales: **A**

Unit - Unité: **C F B Clinton Ont** Address while on leave - Adresse durant le congé: **R R 4 Walton Ont**

| | | | | | | | |
|-------------------------------------|-----------------|--------------------------------|-----------------------------------|-------------------------------------|----------------------------|------------------|------------------|
| LEAVE GRANTED - CONGÉ OBTENU | | | | Other (specify) - Autre (spécifier) | Total - Total Days - Jours | From - De | To |
| Annual - Annuel | Special Spécial | Travelling Time Délai de route | Short Leave Congé de courte durée | | | 16 Apr 68 | 21 Apr 68 |
| Days Jours | Days Jours | Days Jours | Days Jours | Days Jours | Days Jours | Date | Date |
| 4 | | | | | 4 | 0000 | 2100 |
| | | | | | | Hrs Heures | Hrs Heures |

RECOMMENDED BY - RECOMMANDÉ PAR: *[Signature]* Rank - Grade: *[Blank]*
 APPROVED BY - APPROUVÉ PAR: *[Signature]* Rank - Grade: **CAPT**
 Unit stamp - Timbre de l'unité: **Base Commander Canadian Forces Base Clinton Castral Park, Ont.**

TRAVEL ABROAD - VOYAGE À L'ÉTRANGER

1. Countries authorized to visit: **USA (In Civilian Clothes)**
 Pays où le militaire est autorisé à se rendre

2. Authorized to wear uniform: Permission de porter l'uniforme:
 yes no
 oui non

Certified leave entered R331 *[Signature]*

TO BE COMPLETED ONLY WHEN BENEFITS OF QR 209 ARE REQUESTED.

REPLIR SEULEMENT SI L'OR 209.50 EST APPLICABLE.

This is to certify that the above named member of the Canadian Forces reported at this office.

Il est certifié que le militaire nommé ci-dessus s'est présenté à notre bureau.

Office stamp - Timbre du bureau

Date

Place - Lieu

Signature

000290

TRADESMAN'S QUALIFICATIONS SUMMARY

PART I: IDENTIFICATION

| | | | |
|---------------------|-------------|---------------------|----------------|
| SIN 429-488-018 | RANK SGT | SURNAME KALICHUK | INITIALS A. |
| UNIT CFB CLINTON | | | UIC 0112 |

PART II: BRIEF INSTRUCTIONS:

REFERENCES: A. CFHQ Letter P 5810-1 (DPMANS) dated 17 Apr 1968. (For complete list of instructions see Ref A, Annex A)

1. To be completed under unit arrangements. May be typed or hand printed.
2. Codes shall be those set out in CFP 123(1); Level shall be coded as a single digit following the Trade Code (eg; 241.5; L Tech Level 5). Any qualification not listed in CFP 123(1) shall be shown in plain language in column 3 (eg; "Para Rigger Gp 2").
3. Trade Level indicates Trade Qualification rather than rank, and is determined by reference to the Trade Conversion Table (Ref A, Appendix B) and/or the applicable TS.
4. If the paid Trade Level is O, then the former single service Trade and Group shall be entered in column 3.
5. Number any extra pages, and complete the heading on each.
6. Both member verification and supervising officer certification are required on all pages.

PART III: QUALIFICATIONS

| 1. PAID TRADE & LEVEL, AND TRADE SPECIALTY QUALIFICATIONS (TSQs) UNIQUE TO THAT TRADE. | | 2. TSQs COMMON TO MORE THAN ONE TRADE. | | 3. ALL OTHER TRADE QUALIFICATIONS AND TSQs, INCLUDING FORMER SINGLE-SERVICE TRADE QUALIFICATIONS. | |
|--|----------|--|----------------------------------|---|-------|
| CODE | TITLE | CODE | TITLE | CODE | TITLE |
| 911.8 | Sup Tech | AX | PACKAGING - BASIC | | |
| | | AX | SSTS COURSE | | |
| | | TA | SIT COURSE | | |
| | | FV | AIRCRAFT FLUIDS HANDLING - BASIC | | |
| | | | SUPPLY OFFICERS CRSE | | |
| | | | | | |
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| | | | |
|---|------|---|-------------------|
| VERIFIED <i>[Signature]</i> SIGNATURE OF MEMBER | DATE | CERTIFIED <i>[Signature]</i> SIGNATURE OF SUPERVISING OFFICER | DATE 22 Nov 68 |
|---|------|---|-------------------|

RECORD OF NEXT OF KIN

| | | | | | |
|---|----------------------|-----------------------|--|---|--|
| SIN 429-488-018 | RANK Sgt | SURNAME KALICHUK | SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | COMPONENT <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE* | ELEMENT <input type="checkbox"/> NAVY <input type="checkbox"/> ARMY <input checked="" type="checkbox"/> AIR FORCE |
| GIVEN NAMES ALEXANDER | | | | | |
| PRIMARY NEXT OF KIN | | | SECONDARY NEXT OF KIN | | |
| MR. MRS. MISS | GIVEN NAMES HELEN | | MR. MRS. MISS | GIVEN NAMES AGNES | |
| SURNAME (USE BLOCK LETTERS) KALICHUK | | | SURNAME (USE BLOCK LETTERS) PUCHALSKI | | |
| RELATIONSHIP WIFE | LANGUAGE ENGLISH | RELIGION RC | RELATIONSHIP MOTHER | LANGUAGE ENGLISH | RELIGION RC |
| FULL POSTAL ADDRESS RR4 WALTON ONT | | | FULL POSTAL ADDRESS 233 2nd AVE DAUPHIN MAN | | |
| SIGNATURE OF MEMBER AKalichuk | | | UNIT CFB Plinton | DATE 1 Nov 68 | |
| CF 742 (Jul 68) 7530-21 | | RECORD OF NEXT OF KIN | | *IF RESERVE - SEE REVERSE SIDE | |

TO BE COMPLETED FOR MEMBERS OF THE RESERVE FORCE

| | | | |
|---------------------|--------------------------------------|--------------------|--------------------|
| RELIGION | BIRTH DATE | RESERVE FORCE UNIT | UNIT OF EMPLOYMENT |
| DATE DUTY COMMENCED | DATE DUTY TO TERMINATE (IF KNOWN) | TYPE OF DUTY | |
| REMARKS | | | |

Issued 23 Aug 68

AL 34/68

RETIREMENT OPTION - MEN

CFAO 15-4
ANNEX B

CERTIFICATE OF ELECTION

(To be completed in triplicate. Forward 2 copies to CFHQ, Attention DPI, prior to 1 February 1969 and place one copy in Unit Personal File).

| | | | | | |
|-------------------------|------------|-----------|-----------------|-------------------|---------------|
| <u>429-488-018</u> | <u>Ag5</u> | <u>A.</u> | <u>KALICHUK</u> | <u>RCAF</u> | <u>Supply</u> |
| Social Insurance No. | Rank | Initials | Name | Former Service | Trade |

1. I, the undersigned, will not reach the release age for my rank prescribed in TABLES B or C, as appropriate, to QR&O Art. 15.31, before 1 February, 1970.

2. I elect to have my retirement age determined in accordance with:

~~a. QR&O Article 15.31, TABLE A; or~~

b. QR&O Article 15.31, TABLE B (Navy) or TABLE C (Army and Air Force), as appropriate.

(Delete 2a or 2b)

1 Nov 68
Date

A. Kalichuk
Signature

3 Nov 23
Date of Birth

3 Nov 73
Date of CRA in accordance with
A or B

Date on which years of service for present rank will be completed if prior to 1 July, 1971: N/A

(NOTE: If date uncertain, show unknown)

(NOTE: If you have any questions concerning this Certificate of Election you should consult with your administrative authority).

BOR/Mar 68



Personal Exemption Return - Armed Forces

- TO BE COMPLETED and filed with the Pay Officer when you commence paid service or a change occurs in your personal exemptions.
- IF YOU DO NOT COMPLETE this Return, you will be taxed as a single person with no dependants.
- YOU MAY NOT CLAIM A DEPENDANT (other than a wife) whose annual income for the year is over \$950. Income of your dependants includes Old Age Security Pension or Assistance.
- ALIMONY OR SIMILAR PAYMENTS are not to be claimed on this Return but reported on form T1-AP. You may not claim any exemption for the persons in respect of whom the alimony or similar payments are made.
- IF YOU ENROLLED DURING THE YEAR, consult your Pay Officer regarding the filing of an Income Tax Return.

PART A

| | | | | | | | |
|-----------------------------|--|---------------|--|-------------------|--|------------|--|
| Family or last name (Print) | | | | Year of enrolment | | | |
| Christian or first names | | | | | | | |
| Service number | | Date of Birth | | Day | | Month Year | |
| Rank | | | | | | | |

MONTHLY PERSONAL EXEMPTIONS

- PART B 1. BASIC EXEMPTION FOR EVERYONE** - - - - - Enter \$83.33 ▶ \$ _____
- 2. MARRIED OR EQUIVALENT EXEMPTION (if applicable)** - - - - -

Check and claim only ONE of these five items

- Married and supporting wife - - - - - Enter \$83.33
Name of wife _____
 - Equivalent Exemption**
 - For support of a Wholly Dependent Child — Under age 21 OR any age, if in full-time attendance at a school or university or if mentally or physically infirm - - - - - *Provide details below and CLAIM \$83.33
 - For support of a Wholly Dependent Person (any age)—Related by blood, marriage or adoption and living in a dwelling maintained by you - - - - - *Provide details below and CLAIM \$83.33
 - For support, jointly with one or more other persons, in a dwelling maintained by you and such persons, a wholly dependent relative. (You may claim here ONLY if it has been agreed that no other person will claim for the same dependant or in respect of the same dwelling.) - - - - - *Provide details below and CLAIM \$83.33
- * DETAILS OF DEPENDANT { Name _____ Address _____
Estimated annual income \$ _____ Relationship to you _____
If a child, state age and, if over 21, state school attended or whether infirm _____
- For an unmarried minister or clergyman in charge of a diocese, parish or congregation who maintains a dwelling and employs therein a full-time servant - - - - - Enter \$83.33

3. DEPENDANTS EXEMPTIONS

If you have claimed \$83.33 on account of a wholly dependent child, you MAY ALSO claim here for that child if you support the child in a dwelling wherein you employ a full-time servant.

Wholly Dependent Children

- (a) Qualified for Family Allowances or in receipt of Family Assistance - - - - - (Number) × \$25.00 ▶ \$ _____
- (b) Not qualified for Family Allowances and not in receipt of Family Assistance—
(i) Under 21 years of age or (ii) 21 years of age or over if in full-time attendance at a school or university, or if mentally or physically infirm - - - - - (Number) × \$45.83 ▶ \$ _____

| First Names of Child (Attach list if space insufficient) | Relationship | Month and Year of Birth | First Names of Child | Relationship | Month and Year of Birth |
|--|--------------|-------------------------|----------------------|--------------|-------------------------|
| | | | s.19(1) | | |

Date children left Canada _____ Date children entered Canada _____

Other Dependants

You may claim the average amount YOU WILL SPEND per month to support the following up to a maximum of \$25.00 per month for each dependant qualified for Family Allowances or \$45.83 per month if not qualified, but you MAY NOT claim here for any dependants claimed above.

- (c) Parents or Grandparents (including in-laws) who are mentally or physically infirm - - - - - ▶ \$ _____
- (d) Brothers or Sisters (including in-laws) who are under 21 years of age, or 21 years of age or over if mentally or physically infirm - - - - - ▶ \$ _____

| Dependant's Name and Address and Relationship to You (Attach list if space is insufficient) | Estimated yearly amount you will spend to support Dependant | Dependant's Income and other Support |
|---|---|--------------------------------------|
| | \$ | |

If over 21, state whether mentally or physically infirm.

CERTIFIED THAT MARRIED DEPENDENT CHILDREN CLAIMED ON FORM AGREE WITH THOSE LISTED ON FORM

4. TOTAL MONTHLY PERSONAL EXEMPTIONS - - - - -

IMPORTANT—If the amount of personal exemptions claimed on this form differs from that claimed on the previous form TD1-AF, state full particulars giving rise to the change. Indicate whether the change is due to marriage, birth of child, commencing or ceasing support of parent or relative, death of dependant, income of dependant over \$950, etc.

PARTICULARS OF THE CHANGE

DATE OF THE CHANGE

PART C

CERTIFICATION

I HEREBY CERTIFY that the information I have given in this return is true, correct and complete in every respect. I AM AWARE THAT

- (a) I am required to file a revised form TD1-AF when any change in circumstances occurs which will result in a reduction in my personal exemptions.
- (b) If my non-service income for a year while a member exceeds \$50, I am required to file an income tax return for that year.
- (c) IT IS A CRIMINAL OFFENCE TO MAKE A FALSE RETURN.

Date _____ 19 _____

Signature _____

PART D

FOR USE BY PAY OFFICER ONLY

Effective Date of Change in Exemption _____ 19 _____
Examined and Recorded in Pay Record
UNIT _____ DATE _____
Signature of Pay Officer _____

TAX ADJUSTMENT (FOR ARMY USE ONLY)
New Rate of Tax \$ _____ Effective _____



Personal Exemption Return - Armed Forces

- TO BE COMPLETED and filed with the Pay Officer when you commence paid service or a change occurs in your personal exemptions.
- IF YOU DO NOT COMPLETE this Return, you will be taxed as a single person with no dependants.
- YOU MAY NOT CLAIM A DEPENDANT (other than a wife) whose annual income for the year is over \$950. Income of your dependants includes Old Age Security Pension or Assistance.
- ALIMONY OR SIMILAR PAYMENTS are not to be claimed on this Return but reported on form T1-AP. You may not claim any exemption for the persons in respect of whom the alimony or similar payments are made.
- IF YOU ENROLLED DURING THE YEAR, consult your Pay Officer regarding the filing of an Income Tax Return.

PART A

| | | | |
|---|------------------------------|-------------------|------|
| Family or last name (Print) <u>KALICHUK</u> | | Year of enrolment | |
| Christian or first names <u>ALEXANDER</u> | | | |
| Service number <u>15113</u> | Date of Birth <u>3 11 23</u> | <u>1950</u> | |
| Rank <u>Sgt</u> | Day | Month | Year |

MONTHLY PERSONAL EXEMPTIONS

PART B 1. BASIC EXEMPTION FOR EVERYONE - - - - - Enter \$83.33 ▶ \$ 83.33
2. MARRIED OR EQUIVALENT EXEMPTION (if applicable)

Check and claim only ONE of these five items

Married and supporting wife - - - - - Enter \$83.33
 Name of wife HELEN

Equivalent Exemption

- For support of a Wholly Dependent Child — Under age 21 OR any age, if in full-time attendance at a school or university or if mentally or physically infirm - - - - - *Provide details below and CLAIM \$83.33
- For support of a Wholly Dependent Person (any age)—Related by blood, marriage or adoption and living in a dwelling maintained by you - - - - - *Provide details below and CLAIM \$83.33
- For support, jointly with one or more other persons, in a dwelling maintained by you and such persons, a wholly dependent relative. (You may claim here ONLY if it has been agreed that no other person will claim for the same dependant or in respect of the same dwelling.) - - - - - *Provide details below and CLAIM \$83.33

\$ 83.33

* DETAILS OF DEPENDANT { Name Estimated annual income \$ Relationship to you Address If a child, state age and, if over 21, state school attended or whether infirm

For an unmarried minister or clergyman in charge of a diocese, parish or congregation who maintains a dwelling and employs therein a full-time servant - - - - - Enter \$83.33

3. DEPENDANTS EXEMPTIONS

If you have claimed \$83.33 on account of a wholly dependent child, you MAY ALSO claim here for that child if you support the child in a dwelling wherein you employ a full-time servant.

Wholly Dependent Children

- (a) Qualified for Family Allowances or in receipt of Family Assistance - - - - - 1 × \$25.00 ▶ \$ 25.00
- (b) Not qualified for Family Allowances and not in receipt of Family Assistance—
 (i) Under 21 years of age or (ii) 21 years of age or over if in full-time attendance at a school or university, or if mentally or physically infirm - - - - - 1 × \$45.83 ▶ \$ 45.83

| First Names of Child (Attach list if space insufficient) | Relationship | Month and Year of Birth | First Names of Child | Relationship | Month and Year of Birth |
|--|--------------|-------------------------|----------------------|--------------|-------------------------|
| <u>WITOLD MARK</u> | <u>SON</u> | | <u>s.19(1)</u> | | |

Date children left Canada _____ Date children entered Canada _____

Other Dependants

You may claim the average amount YOU WILL SPEND per month to support the following up to a maximum of \$25.00 per month for each dependant qualified for Family Allowances or \$45.83 per month if not qualified, but you MAY NOT claim here for any dependants claimed above.

- (c) Parents or Grandparents (including in-laws) who are mentally or physically infirm - - - - - \$ _____
- (d) Brothers or Sisters (including in-laws) who are under 21 years of age, or 21 years of age or over if mentally or physically infirm - - - - - \$ _____

Dependant's Name and Address and Relationship to You (Attach list if space is insufficient) Estimated yearly amount you will spend to support Dependant Dependant's Income and other STATUS AND OTHER INFORMATION HEREIN

CERTIFIED THAT MARRIED OR EQUIVALENT DEPENDANT CHILDREN CLAIMED HEREIN AGREE WITH THOSE LISTED ON FORM RCAF R-331

†If over 21, state whether mentally or physically infirm.

4. TOTAL MONTHLY PERSONAL EXEMPTIONS

\$ 237.49

IMPORTANT—If the amount of personal exemptions claimed on this form differs from that claimed on the previous form TD1-AF, state full particulars giving rise to the change. Indicate whether the change is due to marriage, birth of child, commencing or ceasing support of parent or relative, death of dependant, income of dependant over \$950, etc.

PARTICULARS OF THE CHANGE Annual Verification DATE OF THE CHANGE

PART C

CERTIFICATION

I HEREBY CERTIFY that the information I have given in this return is true, correct and complete in every respect. I AM AWARE THAT
 (a) I am required to file a revised form TD1-AF when any change in circumstances occurs which will result in a reduction in my personal exemptions.
 (b) If my non-service income for a year while a member exceeds \$50, I am required to file an income tax return for that year.
 (c) IT IS A CRIMINAL OFFENCE TO MAKE A FALSE RETURN.

Date 9 DEC 1965 Signature Kalichuk

PART D

FOR USE BY PAY OFFICER ONLY

Effective Date of Change in Exemption no change 19 65
 Examined and Recorded in Pay Record
 R. C. A. F. STATION, CLINTON, ONT. 15.12.65
 Unit _____ Date _____
 Signature of Pay Officer [Signature]

TAX ADJUSTMENT (FOR ARMY USE ONLY)
 New Rate of Tax \$.....Effective.....



Déclaration d'exemptions personnelles - Forces armées

- A REMPLIR et produire à l'officier payeur au début de votre service soldé ou lorsqu'un changement se produit dans vos exemptions personnelles.
- SI VOUS NE REMPLISSEZ PAS la présente déclaration, vous serez imposé comme célibataire sans personnes à charge.
- VOUS NE POUVEZ COMPTER UNE PERSONNE À CHARGE (autre que l'épouse) dont le revenu annuel de l'année est supérieur à \$950. Le revenu des personnes à votre charge comprend la pension de sécurité de la vieillesse ou l'assistance-vieillesse.
- LES PAIEMENTS DE PENSION ALIMENTAIRE OU AUTRES SEMBLABLES ne doivent pas être réclamés dans la présente déclaration, mais doivent être indiqués dans la formule T1-AP. Vous ne pouvez pas réclamer d'exemption à l'égard de personnes pour qui sont faits les paiements de pension alimentaire ou autres semblables.
- SI VOUS ÊTES ENGAGÉ PENDANT L'ANNÉE, consultez votre officier payeur quant à la production d'une déclaration d'impôt sur le revenu.

PARTIE A

| | | | | | | | | | |
|-------------------------------------|--|--|--|--|-------------------|--|------|--------------------|-------|
| Nom de famille (en lettres moulées) | | | | | | | | | |
| Prénoms | | | | | | | | Année d'engagement | |
| Numéro matricule | | | | | Date de naissance | | | | |
| Grade | | | | | jour | | mois | | année |

EXEMPTIONS PERSONNELLES MENSUELLES

- PARTIE B** 1. EXEMPTION DE BASE POUR TOUS - - - - - Inscrivez \$83.33 ► \$ _____
 2. EXEMPTION DE MARIÉ OU L'ÉQUIVALENT (s'il y a lieu)

Pointez et réclamez à un seul des cinq titres suivants

Marié et soutien d'épouse - - - - - Inscrivez \$83.33
 Nom de l'épouse _____

Exemption équivalente

Soutien d'un enfant entièrement à charge—De moins de 21 ans OU de tout âge s'il fréquente l'école ou l'université à plein temps ou est atteint d'infirmité physique ou mentale *Donnez détails ci-dessous et RÉCLAMEZ \$83.33

Soutien, dans un logement que vous tenez, d'une personne entièrement à charge (de tout âge) parente par le sang, le mariage ou l'adoption - - - - - *Donnez détails ci-dessous et RÉCLAMEZ \$83.33

Soutien avec un ou plusieurs autres, dans un logement tenu par vous et ces autres, d'un parent entièrement à charge. (Vous pouvez réclamer ici SEULEMENT s'il a été entendu que nul autre ne réclamera pour la même personne à charge ou au titre du même logement.) - - - - - *Donnez détails ci-dessous et RÉCLAMEZ \$83.33

* PRÉCISIONS SUR LA PERSONNE À CHARGE

| | |
|----------------------------------|-------------------------|
| Nom _____ | Adresse _____ |
| Revenu estimatif annuel \$ _____ | Parenté avec vous _____ |

S'il s'agit d'enfant, donnez l'âge et, si plus de 21 ans, l'école fréquentée ou indiquez s'il est infirme.

Ministre du culte non marié chargé de diocèse, paroisse ou congrégation qui tient un logement et y emploie un domestique à service continu - - - - - Inscrivez \$83.33

3. EXEMPTIONS POUR PERSONNES À CHARGE

Si vous avez réclamé \$83.33 pour un enfant entièrement à charge vous POUVEZ ÉGALEMENT réclamer ici une exemption à son égard si vous l'entretenez dans un logement où vous employez, à temps continu, un domestique.

Enfants entièrement à charge

a) Admissibles aux allocations familiales ou recevant l'assistance familiale - - - - - X \$25.00 ► \$ _____

b) Non admissibles aux allocations familiales et ne recevant pas l'assistance familiale (Nombre) - - - - - X \$45.83 ► \$ _____

—i) de moins de 21 ans ou ii) de 21 ans ou plus s'ils fréquentent l'école ou l'université à plein temps ou sont atteints d'infirmité physique ou mentale

| Prénoms de l'enfant (Si l'espace est insuffisant annexe une liste) | Degré de parenté | Mois et année de naissance | Prénoms de l'enfant | Degré de parenté | Mois et année de naissance |
|--|------------------|----------------------------|---------------------|------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Date à laquelle les enfants ont quitté le Canada _____ Date à laquelle les enfants sont entrés au Canada _____

Autres personnes à charge

Vous pouvez réclamer le montant moyen que VOUS DÉPENSERIEZ par mois pour entretenir les personnes suivantes jusqu'à \$25.00 par mois pour chaque personne admissible aux allocations familiales ou jusqu'à \$45.83 par mois si elle n'y est pas admissible, mais vous NE POUVEZ faire ici une réclamation à l'égard d'une personne comptée ci-dessus.

c) Père, mère, grand-père, grand-mère (et ceux de l'épouse) atteints d'infirmité physique ou mentale - - - - - \$ _____

d) Frères, sœurs (beaux-frères, belles-sœurs) de moins de 21 ans, ou de 21 ans ou plus s'ils sont atteints d'infirmité physique ou mentale - - - - - \$ _____

| Nom et adresse de la personne à charge et parenté avec vous (Si l'espace est insuffisant annexe une liste) | Montant estimatif annuel que vous dépenserez pour son entretien | Revenu et autres subsides de la personne à charge | Age† |
|--|---|---|------|
| | \$ _____ | \$ _____ | |

†Si de plus de 21 ans, souffrait-elle d'infirmité mentale ou physique? _____

4. TOTAL DES EXEMPTIONS PERSONNELLES MENSUELLES - - - - - \$ _____

IMPORTANT—Si le montant d'exemptions personnelles que vous réclamez dans la présente formule diffère de celui que vous aviez réclamé dans la formule TD1-AF précédente, faites le détail complet de ce changement. Indiquez si le changement provient du mariage, de la naissance d'un enfant, de ce que vous avez commencé ou cessé d'entretenir un parent, du décès d'une personne à charge, de ce que le revenu d'une personne à charge dépasse \$950, etc.

DÉTAIL DU CHANGEMENT _____ DATE DU CHANGEMENT _____

PARTIE C

ATTESTATION

JE CERTIFIE que les renseignements que j'ai donnés dans la présente déclaration sont vrais, exacts et complets sous tous les rapports. JE SAIS QUE

- a) je suis tenu de produire une formule TD1-AF révisée lorsqu'il se produit un changement de circonstances entraînant une réduction de mes exemptions personnelles;
- b) si mon revenu non militaire pour une année pendant laquelle je suis membre dépasse \$50, je suis tenu de produire une déclaration d'impôt sur le revenu pour cette année-là;
- c) C'EST UN ACTE CRIMINEL DE FAIRE UNE FAUSSE DÉCLARATION.

Date _____ 19 _____

Signature _____

PARTIE D

A L'USAGE EXCLUSIF DE L'OFFICIER PAYEUR

Date de prise d'effet du changement d'exemption _____ 19 _____
 Examiné et reporté à l'état de solde

Unité _____ Date _____
 Signature de l'officier payeur _____

REDRESSEMENT D'IMPÔT (À L'USAGE EXCLUSIF DE L'ARMÉE)
 Nouveau taux de l'impôt \$ _____ A compter du _____



Personal Exemption Return - Armed Forces

- TO BE COMPLETED and filed with the Pay Officer when you commence paid service or a change occurs in your personal exemptions.
- IF YOU DO NOT COMPLETE this Return, you will be taxed as a single person with no dependants.
- YOU MAY NOT CLAIM A DEPENDANT (other than a wife) whose annual income for the year is over \$950. Income of your dependants includes Old Age Security Pension or Assistance.
- ALIMONY OR SIMILAR PAYMENTS are not to be claimed on this Return but reported on form T1-AP. You may not claim any exemption for the persons in respect of whom the alimony or similar payments are made.
- IF YOU ENROLLED DURING THE YEAR, consult your Pay Officer regarding the filing of an Income Tax Return.

PART A

| | | |
|---|---------------------------------|-------------------|
| Family or last name (Print) <u>KALICHUK</u> | | Year of enrolment |
| Christian or first names <u>ALEXANDER</u> | | |
| Service number <u>15113</u> | Date of Birth <u>3 Nov 1950</u> | |
| Rank <u>SAT</u> | Day | Month Year |

MONTHLY PERSONAL EXEMPTIONS

PART B 1. BASIC EXEMPTION FOR EVERYONE - - - - - Enter \$83.33 ▶ \$ 83.33

2. MARRIED OR EQUIVALENT EXEMPTION (if applicable)

Check and claim only ONE of these five items

Married and supporting wife - - - - - Enter \$83.33
Name of wife HELEN

Equivalent Exemption

For support of a Wholly Dependent Child — Under age 21 OR any age, if in full-time attendance at a school or university or if mentally or physically infirm - - - - - *Provide details below and CLAIM \$83.33

For support of a Wholly Dependent Person (any age)—Related by blood, marriage or adoption and living in a dwelling maintained by you - - - - - *Provide details below and CLAIM \$83.33

For support, jointly with one or more other persons, in a dwelling maintained by you and such persons, a wholly dependent relative. (You may claim here ONLY if it has been agreed that no other person will claim for the same dependant or in respect of the same dwelling.) - - - - - *Provide details below and CLAIM \$83.33

* DETAILS OF DEPENDANT { Name _____ Address _____
Estimated annual income \$ _____ Relationship to you _____
If a child, state age and, if over 21, state school attended or whether infirm _____

For an unmarried minister or clergyman in charge of a diocese, parish or congregation who maintains a dwelling and employs therein a full-time servant - - - - - Enter \$83.33

\$ 83.33

3. DEPENDANTS EXEMPTIONS

If you have claimed \$83.33 on account of a wholly dependent child, you MAY ALSO claim here for that child if you support the child in a dwelling wherein you employ a full-time servant.

Wholly Dependent Children

(a) Qualified for Family Allowances or in receipt of Family Assistance - - - - - (Number) × \$25.00 ▶ \$ 25.00

(b) Not qualified for Family Allowances and not in receipt of Family Assistance—
(i) Under 21 years of age or (ii) 21 years of age or over if in full-time attendance at a school or university, or if mentally or physically infirm - - - - - (Number) × \$45.83 ▶ \$ 45.83

| First Names of Child * (Attach list if space insufficient) | Relationship | Month and Year of Birth | First Names of Child | Relationship | Month and Year of Birth |
|---|-----------------|-------------------------|----------------------|--------------|-------------------------|
| <u>WITOLD CHOMICKI</u> | <u>STEP-SON</u> | | <u>s.19(1)</u> | | |
| <u>MARK</u> | <u>SON</u> | | | | |

Date children left Canada _____ Date children entered Canada _____

Other Dependants

You may claim the average amount YOU WILL SPEND per month to support the following up to a maximum of \$25.00 per month for each dependant qualified for Family Allowances or \$45.83 per month if not qualified, but you MAY NOT claim here for any dependants claimed above.

(c) Parents or Grandparents (including in-laws) who are mentally or physically infirm - - - - - \$ _____

(d) Brothers or Sisters (including in-laws) who are under 21 years of age, or 21 years of age or over if mentally or physically infirm - - - - - \$ _____

| Dependant's Name and Address and Relationship to You (Attach list if space is insufficient) | Estimated yearly amount you will spend to support Dependant | Dependant's Income and other Support | Age† |
|--|---|--------------------------------------|-------|
| <u>Dependant's Name and Address and Relationship to You</u> | \$ _____ | \$ _____ | _____ |

† If over 21, state whether mentally or physically infirm.

\$ 237.49

4. TOTAL MONTHLY PERSONAL EXEMPTIONS - - - - - \$ 237.49

IMPORTANT—If the amount of personal exemptions claimed on this form differs from that claimed on the previous form TD1-AF, state full particulars giving rise to the change. Indicate whether the change is due to marriage, birth of child, commencing or ceasing support of parent or relative, death of dependant, income of dependant over \$950, etc.

| | |
|--|--------------------|
| PARTICULARS OF THE CHANGE <u>Annual</u> | DATE OF THE CHANGE |
|--|--------------------|

PART C

CERTIFICATION

I HEREBY CERTIFY that the information I have given in this return is true, correct and complete in every respect.
I AM AWARE THAT

(a) I am required to file a revised form TD1-AF when any change in circumstances occurs which will result in a reduction in my personal exemptions.

(b) If my non-service income for a year while a member exceeds \$50, I am required to file an income tax return for that year.

(c) IT IS A CRIMINAL OFFENCE TO MAKE A FALSE RETURN.

Date 9 Dec 1964 Signature A Kalichuk Sgt

PART D

FOR USE BY PAY OFFICER ONLY

Effective Date of Change in Exemption 1 Jan 1965

Examined and Recorded in Pay Record
442 Central 9 Dec 64
Unit _____ Date _____

Signature of Pay Officer [Signature]

| | |
|---|-----------------|
| TAX ADJUSTMENT (FOR ARMY USE ONLY) | |
| New Rate of Tax \$ _____ | Effective _____ |



Déclaration d'exemptions personnelles - Forces armées

- A REMPLIR et produire à l'officier payeur au début de votre service soldé ou lorsqu'un changement se produit dans vos exemptions personnelles;
- SI VOUS NE REMPLISSEZ PAS la présente déclaration, vous serez imposé comme célibataire sans personnes à charge.
- VOUS NE POUVEZ COMPTER UNE PERSONNE À CHARGE (autre que l'épouse) dont le revenu annuel de l'année est supérieur à \$950. Le revenu des personnes à votre charge comprend la pension de sécurité de la vieillesse ou l'assistance-vieillesse.
- LES PAIEMENTS DE PENSION ALIMENTAIRE OU AUTRES SEMBLABLES ne doivent pas être réclamés dans la présente déclaration, mais doivent être indiqués dans la formule T1-AP. Vous ne pouvez pas réclamer d'exemption à l'égard de personnes pour qui sont faits les paiements de pension alimentaire ou autres semblables.
- SI VOUS ÊTES ENGAGÉ PENDANT L'ANNÉE, consultez votre officier payeur quant à la production d'une déclaration d'impôt sur le revenu.

PARTIE A

| | | | | | | | | | |
|-------------------------------------|--|--|--|--|-------------------|--|------|--------------------|-------|
| Nom de famille (en lettres moulées) | | | | | | | | | |
| Prénoms | | | | | | | | Année d'engagement | |
| Numéro matricule | | | | | Date de naissance | | | | |
| Grade | | | | | jour | | mois | | année |

EXEMPTIONS PERSONNELLES MENSUELLES

- PARTIE B** 1. EXEMPTION DE BASE POUR TOUS - Inscrivez \$83.33 ▶ \$ _____
 2. EXEMPTION DE MARIÉ OU L'ÉQUIVALENT (s'il y a lieu)

Pointez et réclamez à un seul des cinq titres suivants

- Marié et soutien d'épouse** - - - - - Inscrivez \$83.33

Nom de l'épouse _____

Exemption équivalente

- Soutien d'un enfant entièrement à charge—De moins de 21 ans OU de tout âge s'il fréquente l'école ou l'université à plein temps ou est atteint d'infirmité physique ou mentale *Donnez détails ci-dessous et RÉCLAMEZ \$83.33
- Soutien, dans un logement que vous tenez, d'une personne entièrement à charge (de tout âge) parente par le sang, le mariage ou l'adoption - - - - - *Donnez détails ci-dessous et RÉCLAMEZ \$83.33 ▶ \$ _____
- Soutien avec un ou plusieurs autres, dans un logement tenu par vous et ces autres, d'un parent entièrement à charge. (Vous pouvez réclamer ici SEULEMENT s'il a été entendu que nul autre ne réclamera pour la même personne à charge ou au titre du même logement.) - - - *Donnez détails ci-dessous et RÉCLAMEZ \$83.33

* PRÉCISIONS SUR LA PERSONNE À CHARGE

| | | | |
|--|---------------------------|---|---------------|
| } Revenu estimatif annuel \$ _____ | } Parenté avec vous _____ | Nom _____ | Adresse _____ |
| | | S'il s'agit d'enfant, donnez l'âge et, si plus de 21 ans, l'école fréquentée ou indiquez s'il est infirme | |

- Ministre du culte non marié chargé de diocèse, paroisse ou congrégation qui tient un logement et y emploie un domestique à service continu - - - - - Inscrivez \$83.33

3. EXEMPTIONS POUR PERSONNES À CHARGE

Si vous avez réclamé \$83.33 pour un enfant entièrement à charge vous POUVEZ ÉGALEMENT réclamer ici une exemption à son égard si vous l'entretenez dans un logement où vous employez, à temps continu, un domestique.

Enfants entièrement à charge

- a) Admissibles aux allocations familiales ou recevant l'assistance familiale - - - - - X \$25.00 ▶ \$ _____
- b) Non admissibles aux allocations familiales et ne recevant pas l'assistance familiale (Nombre) _____ X \$45.83 ▶ \$ _____
- i) de moins de 21 ans ou ii) de 21 ans ou plus s'ils fréquentent l'école ou l'université à plein temps ou sont atteints d'infirmité physique ou mentale - - - - - (Nombre) _____

| Prénoms de l'enfant (Si l'espace est insuffisant annexe une liste) | Degré de parenté | Mois et année de naissance | Prénoms de l'enfant | Degré de parenté | Mois et année de naissance |
|---|------------------|----------------------------|---------------------|------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Date à laquelle les enfants ont quitté le Canada _____ Date à laquelle les enfants sont entrés au Canada _____

Autres personnes à charge

Vous pouvez réclamer le montant moyen que VOUS DÉPENSEREZ par mois pour entretenir les personnes suivantes jusqu'à \$25.00 par mois pour chaque personne admissible aux allocations familiales ou jusqu'à \$45.83 par mois si elle n'y est pas admissible, mais vous NE POUVEZ faire ici une réclamation à l'égard d'une personne comptée ci-dessus.

- c) Père, mère, grand-père, grand-mère (et ceux de l'épouse) atteints d'infirmité physique ou mentale - - - - - ▶ \$ _____
- d) Frères, sœurs (beaux-frères, belles-sœurs) de moins de 21 ans, ou de 21 ans ou plus s'ils sont atteints d'infirmité physique ou mentale - - - - - ▶ \$ _____

| Nom et adresse de la personne à charge et parenté avec vous (Si l'espace est insuffisant annexe une liste) | Montant estimatif annuel que vous dépenserez pour son entretien | Revenu et autres subsides de la personne à charge | Age |
|---|---|---|-----|
| | \$ _____ | \$ _____ | |
| | | | |

†Si de plus de 21 ans, souffrait-elle d'infirmité mentale ou physique? _____

4. TOTAL DES EXEMPTIONS PERSONNELLES MENSUELLES - \$ _____

IMPORTANT—Si le montant d'exemptions personnelles que vous réclamez dans la présente formule diffère de celui que vous aviez réclamé dans la formule TD1-AF précédente, faites le détail complet de ce changement. Indiquez si le changement provient du mariage, de la naissance d'un enfant, de ce que vous avez commencé ou cessé d'entretenir un parent, du décès d'une personne à charge, de ce que le revenu d'une personne à charge dépasse \$950, etc.

| | |
|----------------------|--------------------|
| DÉTAIL DU CHANGEMENT | DATE DU CHANGEMENT |
| | |

PARTIE C

ATTESTATION

JE CERTIFIE que les renseignements que j'ai donnés dans la présente déclaration sont vrais, exacts et complets sous tous les rapports. JE SAIS QUE

- a) je suis tenu de produire une formule TD1-AF révisée lorsqu'il se produit un changement de circonstances entraînant une réduction de mes exemptions personnelles;
- b) si mon revenu non militaire pour une année pendant laquelle je suis membre dépasse \$50, je suis tenu de produire une déclaration d'impôt sur le revenu pour cette année-là;
- c) C'EST UN ACTE CRIMINEL DE FAIRE UNE FAUSSE DÉCLARATION.

Date _____ 19____ Signature _____

PARTIE D

A L'USAGE EXCLUSIF DE L'OFFICIER PAYEUR

Date de prise d'effet du changement d'exemption _____ 19____
Examiné et reporté à l'état de solde

REDRESSEMENT D'IMPÔT (À L'USAGE EXCLUSIF DE L'ARMÉE)
Nouveau taux de l'impôt \$.....A compter du.....

Unité _____ Date _____
Signature de l'officier payeur _____



DEPARTMENT OF NATIONAL REVENUE—TAXATION DIVISION
Application for Adjustment of Tax Paid by a Member of the Armed Forces

TAX REFUNDS

PART A

| | | | |
|--|------------------------|--|-------------|
| 15113 | SGT | KALICHUK | ALEX |
| Number | Rank | Surname (Print) | First Names |
| Service R.C.A.F. | (Navy, Army, R.C.A.F.) | Unit RCAF STATION CENTRALIA ONTARIO. | |
| Calendar year to which this application relates 19 62. | | Date paid service commenced if within past two years | 19 |

PART B

| TYPE OF PAYMENTS (RECEIPTS ATTACHED) | TOTALS |
|--------------------------------------|--------|
| CHARITABLE DONATIONS | 3.00 |
| MEDICAL EXPENSES | 420.00 |
| REGISTERED RETIREMENT SAVINGS PLAN | |
| PROFESSIONAL MEMBERSHIP DUES | |

I HEREBY CERTIFY that the information given in this application and in any attached documents is true, correct and complete in every respect; that I have not nor will I claim reimbursement from the Department of National Defence for any professional membership dues paid and being claimed for tax adjustment on this application; and that I have not been and will not be reimbursed under a provincial law or under the provisions of a hospital care insurance plan for members of the Armed Forces serving outside of Canada for any hospital expenses being claimed for tax adjustment on this application.

Date 22 March 1963 Signature of Member A Kalichuk SGT

PART C

INFORMATION TO BE PROVIDED BY NDHQ

Calendar year 19 62

Total service pay and allowances subject to tax - - - - - \$ 4440.00 A

Less: Pension contributions and deferred pay deductions - - - - - \$ 502.40

Professional membership dues paid - - - - - \$

Total registered retirement savings plan payments (Maximum, lesser of \$1500 or 10% of item A, less current pension contributions during year) - - - - - \$ 502.40 B

Current pension contributions during year - - - - - \$ NET INCOME \$ 4137.60 C

Federal and Provincial Tax paid during year by Provinces (Excluding Quebec Provincial Tax)

| Prov. of | Prov. of | Prov. of | Federal | TOTAL |
|----------|----------|------------------|-------------------|--------------------|
| (%) | (%) | Ont | (%) | (%) |
| \$ | | \$ 27.00 (13%) | \$ 186.60 (87%) | \$ 213.60 (100%) |

Average monthly personal exemptions for full months paid service within the year - - - - - \$ 237.49

Number of full months paid service within the year 12 Date service ceased, if applicable

Date 22 May 63 Certified correct Authorized Officer—NDHQ

PART D

FOR USE BY THE DEPARTMENT OF NATIONAL REVENUE

DETERMINATION OF ALLOWABLE DEDUCTIONS

| | | |
|---|-----------|---|
| Total charitable donations - - - - - | \$ 3.00 | D |
| Allowable charitable donations (Maximum 10% of item C) - - - - - | \$ 3.00 | E |
| Charitable donations carried forward to next year (D minus E) - - - - - | \$ | |
| Allowable medical expenses - - - - - | \$ 420.00 | |
| Less: 3% of item C - - - - - | \$ 127.13 | |
| Allowable professional membership dues paid - - - - - | \$ | |
| Total of charitable donations, medical expenses and professional dues - - - - - | \$ 298.87 | |
| Less: Standard deduction—Lesser of \$100 or \$8.33 per month - - - - - | \$ 100.00 | |
| Net Amount - - - - - | \$ 198.87 | |
| Add: Allowable registered retirement savings plan payments (item B) - - - - - | \$ 198.87 | F |
| Total allowable for calculation of Tax Adjustment - - - - - | \$ 198.87 | |

DETERMINATION OF APPLICABLE RATE FOR CALCULATION OF TAX ADJUSTMENT

| | |
|--|-----------|
| Net Income for year \$ 4137.60 divided by number of full months paid service - - - - - | \$ 344.80 |
| Less: Average monthly personal exemption - - - - - | \$ 237.49 |
| Applicable Monthly Taxable Service Income - - - - - | \$ 107.31 |
| Effective Rate of Tax as per Section 2311. of the Regulations - - - - - | 17 %G |

CALCULATION OF TAX ADJUSTMENT

Allowable deductions \$ 198.87 (Item F) at rate 17 % (Item G) REFUND

Apportionment of REFUND (as per percentage rates above)

| Prov. of | Prov. of | Prov. of | Federal | TOTAL |
|----------|----------|----------|----------|----------|
| (%) | (%) | Ont | (%) | (%) |
| \$ | | \$ 4.39 | \$ 29.42 | \$ 33.81 |

Date May 30/63 Authorized Officer—Department of National Revenue

PART E

ADJUSTMENT ACTION TAKEN BY NDHQ

Date



MINISTÈRE DU REVENU NATIONAL—DIVISION DE L'IMPÔT
Demande de redressement de l'impôt payé par un membre des forces armées

REMBOURSEMENTS D'IMPÔT

PARTIE A

| | | | |
|---|-------|---|---------|
| Numéro | Grade | Nom de famille (en lettres moulées) | Prénoms |
| Service _____ (Marine, armée, aviation) | | Unité _____ | |
| Année civile visée par la présente demande 19____ | | Date du commencement du service soldé s'il remonte à moins de deux ans _____ 19____ | |

PARTIE B

| GENRE DE PAIEMENTS (REÇUS CI-ANNEXÉS) | TOTAUX |
|---|--------|
| DONS DE CHARITÉ | |
| FRAIS MÉDICAUX | |
| PRIMES EN VERTU DE PLANS ENREGISTRÉS D'ÉPARGNE-RETRAITE | |
| COTISATIONS DE MEMBRE DE SOCIÉTÉ PROFESSIONNELLE | |

JE CERTIFIE PAR LES PRÉSENTES que les renseignements fournis dans la présente Demande et dans tout document annexé sont vrais, exacts et complets sous tous les rapports; que je n'ai pas réclamé ni ne réclamerai au ministère de la Défense nationale le remboursement de toute cotisation de membre de société professionnelle pour laquelle je réclame ici un redressement d'impôt, et que les frais hospitaliers pour lesquels je réclame ici un redressement d'impôt ne m'ont pas été remboursés ni ne me seront remboursés, en vertu d'une loi provinciale ou en conformité d'un plan d'assurance-hospitalisation à l'intention des membres des Forces armées affectés hors du Canada.

Date _____ Signature du membre _____

PARTIE C

RENSEIGNEMENTS À FOURNIR PAR LE QUARTIER GÉNÉRAL DE LA DÉFENSE NATIONALE

Année civile 19____

Total de la solde et des allocations militaires assujetties à l'impôt - - - - - \$.....A

Moins: Déductions concernant la pension et la solde différée - - - \$.....

Cotisations de membre de société professionnelle payées - - - \$.....

Total des paiements en vertu de plans enregistrés d'épargne-retraite (Au maximum, le moindre de \$1,500 ou 10 p. 100 du poste A moins les contributions de pension pour service courant durant l'année) \$.....B

Contributions de pension pendant l'année pour service courant \$..... REVENU NET \$.....C

Impôts fédéral et provinciaux payés pendant l'année répartis par province (sauf l'impôt provincial de Québec)

| Prov. | Prov. | Prov. | Fédéral | TOTAL |
|--------------|--------------|--------------|--------------|---------------|
| \$..... (%) | \$..... (%) | \$..... (%) | \$..... (%) | \$.....(100%) |

Moyenne des exemptions personnelles mensuelles pour les mois complets de service soldé dans l'année - \$.....

Nombre de mois complets de service soldé dans l'année _____ Date de cessation du service, s'il y a lieu _____

Date _____ Certifié exact _____
Officier autorisé—Quartier général de la Défense nationale

PARTIE D

A L'USAGE DU MINISTÈRE DU REVENU NATIONAL

ÉTABLISSEMENT DES DÉDUCTIONS PERMISES

Total des dons de charité - - - - - \$..... D

Dons de charité déductibles (Au maximum, 10 p. 100 du poste C) - - - - - \$..... E

Dons de charité reportés à l'année suivante (D moins E) - - - - - \$.....

Frais médicaux déductibles - - - - - \$.....

Moins: 3 p. 100 du poste C - - - - - \$.....

Cotisations déductibles de membre de société professionnelle payées - - - - - \$.....

Total des dons de charité, frais médicaux et cotisations professionnelles - - - - - \$.....

Moins: Déduction uniforme—le moindre de \$100 ou \$8.33 par mois - - - - - \$.....

Montant net - - - - - \$.....

Ajouter: paiements permis en vertu de plans enregistrés d'épargne-retraite (poste B) - - - - - \$.....

Total permis pour le calcul du redressement d'impôt - - - - - \$..... F

ÉTABLISSEMENT DU TAUX APPLICABLE POUR LE CALCUL DU REDRESSEMENT D'IMPÔT

Revenu net pour l'année \$..... divisé par le nombre de mois complets de service soldé - - - - - \$.....

Moins: Moyenne des exemptions personnelles mensuelles - - - - - \$.....

Montant mensuel applicable de revenu militaire imposable - - - - - \$.....

Taux effectif de l'impôt selon l'article 2311 des Règlements - - - - - \$..... %G

CALCUL DU REDRESSEMENT D'IMPÔT

Déductions permises \$..... (Poste F) aux taux de.....% (Poste G) REMBOURSEMENT

Répartition du REMBOURSEMENT (selon les pourcentages ci-dessus)

| Prov. | Prov. | Prov. | Fédéral |
|---------|---------|---------|---------|
| \$..... | \$..... | \$..... | \$..... |
| | | | TOTAL |

\$.....

Date _____ Fonctionnaire autorisé—Ministère du Revenu national

PARTIE E

REDRESSEMENT EFFECTUÉ PAR LE QUARTIER GÉNÉRAL DE LA DÉFENSE NATIONALE

Date _____

PART A

15113 Number Sgt Rank KALICHUK Surname (Print) A First Names
 Service: _____ Unit _____
 (Navy, Army, R.C.A.F.)
 Calendar year to which this application relates 19____ Date paid service commenced if within past two years _____ 19____

PART C

INFORMATION TO BE PROVIDED BY NDHQ

Calendar year 19____
 Total service pay and allowances subject to tax - - - - - \$ 4440.00 [^] A
 Less: Pension contributions and deferred pay deductions - - - - - \$ 302.40 [^]
 Professional membership dues paid - - - - - \$ _____
 Total registered retirement savings plan payments (Maximum, lesser of \$1500 or 10% of item A, less current pension contributions during year) - - - - - \$ 302.40 [^] B
 Current pension contributions during year - - - - - \$ _____ NET INCOME \$ 4137.60 [^] C
 Federal and Provincial Tax paid during year by Provinces (Excluding Quebec Provincial Tax)

| Prov. of | Prov. of | Prov. of | Federal | TOTAL |
|---------------|---------------|-------------------------------------|-------------------------|--------------------------------------|
| ----- | ----- | Out | ----- | ----- |
| \$ _____ (%) | \$ _____ (%) | \$ <u>27.00</u> [^] (13 %) | \$ <u>186.60</u> (87 %) | \$ <u>213.60</u> (100%) [^] |

Average monthly personal exemptions for full months paid service within the year - - - - - \$ 237.49 [^]
 Number of full months paid service within the year 12 Date service ceased, if applicable _____
 Date 22 May 63 [^] Certified correct _____
 Authorized Officer [Signature] NDHQ

PART D

FOR USE BY THE DEPARTMENT OF NATIONAL REVENUE

DETERMINATION OF ALLOWABLE DEDUCTIONS

| | | |
|---|---------------------------------|-------------------------------|
| Total charitable donations - - - - - | \$ <u>3.00</u> [^] | D |
| Allowable charitable donations (Maximum 10% of item C) - - - - - | \$ <u>3.00</u> [^] | E |
| Charitable donations carried forward to next year (D minus E) - - - - - | \$ _____ | |
| Allowable medical expenses - - - - - | \$ <u>420.02</u> [^] | |
| Less: 3% of item C - - - - - | \$ <u>124.13</u> [^] | \$ <u>295.87</u> [^] |
| Allowable professional membership dues paid - - - - - | \$ _____ | |
| Total of charitable donations, medical expenses and professional dues - - - - - | \$ <u>298.87</u> [^] | |
| Less: Standard deduction—Lesser of \$100 or \$8.33 per month - - - - - | \$ <u>100.00</u> [^] | |
| Net Amount - - - - - | \$ <u>198.87</u> [^] | |
| Add: Allowable registered retirement savings plan payments (item B) - - - - - | \$ _____ | |
| Total allowable for calculation of Tax Adjustment - - - - - | \$ <u>198.87</u> [^] F | |

DETERMINATION OF APPLICABLE RATE FOR CALCULATION OF TAX ADJUSTMENT

| | |
|---|-------------------------------|
| Net Income for year \$ <u>4137.60</u> divided by number of full months paid service - - - - - | \$ <u>344.80</u> [^] |
| Less: Average monthly personal exemption - - - - - | \$ <u>237.49</u> [^] |
| Applicable Monthly Taxable Service Income - - - - - | \$ <u>107.31</u> [^] |
| Effective Rate of Tax as per Section 2311 of the Regulations - - - - - | <u>17</u> % [^] G |

CALCULATION OF TAX ADJUSTMENT

Allowable deductions \$ 198.87 (Item F) at rate 17 % (Item G) REFUND
 Apportionment of REFUND (as per percentage rates above)

| Prov. of | Prov. of | Prov. of | Federal | TOTAL |
|----------|----------|----------------|-----------------|------------------------------|
| ----- | ----- | Out | ----- | ----- |
| \$ _____ | \$ _____ | \$ <u>4.39</u> | \$ <u>29.42</u> | \$ <u>33.81</u> [^] |

Date _____ Authorized Officer—Department of National Revenue _____

PART E

ADJUSTMENT ACTION TAKEN BY NDHQ

Date _____



DEPARTMENT OF NATIONAL REVENUE — TAXATION DIVISION
Application for Adjustment of Tax Paid by a Member of the Armed Forces
TAX REFUNDS

PART A

Form with fields for Number (15113), Rank (SGT), Surname (KALICHUK), First Name (ALEXANDER), Service (RCAF), Unit (STN CENTRALIA ONTARIO), and Calendar year (1961).

PART B

Table with columns for MEDICAL EXPENSES CHARITABLE DONATIONS and MEDICAL EXPENSES. Rows include JH TOOGOOD (MD), VICTORIA HOSPITAL, KEATINGS PHARMACY, JOHN E. LONGSTAFF, BOX FURNITURE STORE, DR. P. COULOMBE, J. A. MUNN (DDS), SEAFORTH MEDICAL CLINIC, and MONA CRICH.

I HEREBY CERTIFY that the information given in this application and in any attached documents is true, correct and complete in every respect; that I have not nor will I claim reimbursement from the Department of National Defence for any professional membership dues paid and being claimed for tax adjustment on this application; and that I have not been and will not be reimbursed under a provincial law or under the provisions of a hospital care insurance plan for members of the Armed Forces serving outside of Canada for any hospital expenses being claimed for tax adjustment on this application.

Date _____ Signature of Member [Signature]

PART C

Form titled 'INFORMATION TO BE PROVIDED BY NDHQ' with fields for Calendar year (61), Total service pay (4440.00), Less: Pension contributions (302.40), NET INCOME (4137.60), Total tax paid (230.40), Average monthly personal exemptions (208.32), and Date (4 Apr 62).

PART D

Form titled 'FOR USE BY THE DEPARTMENT OF NATIONAL REVENUE' containing 'DETERMINATION OF ALLOWABLE DEDUCTIONS' and 'DETERMINATION OF APPLICABLE RATE FOR CALCULATION OF TAX ADJUSTMENT'. It includes calculations for allowable deductions (335.43) and applicable rate (17%), resulting in a refund of \$57.02.

PART E

Form titled 'ADJUSTMENT ACTION TAKEN BY NDHQ' with a Date field.



MINISTÈRE DU REVENU NATIONAL — DIVISION DE L'IMPÔT
Demande de redressement de l'impôt payé par un membre des forces armées
REMBOURSEMENTS D'IMPÔT

PARTIE A

| | | | |
|--|-------|--|---------|
| Numéro | Grade | Nom de famille (en lettres moulées) | Prénoms |
| Service _____ (Marine, armée, aviation) | | Unité _____ | |
| Année civile visée par la présente demande 19 _____ | | Date du commencement du service soldé s'il remonte à moins de deux ans _____ 19 _____ | |

PARTIE B

| DONS DE CHARITÉ | | FRAIS MÉDICAUX | |
|-----------------|---------|----------------|---------|
| PAYÉS À | MONTANT | PAYÉS À | MONTANT |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

| PRIMES EN VERTU DE PLANS ENREGISTRÉS D'ÉPARGNE-RETRAITE | | COTISATIONS DE MEMBRE DE SOCIÉTÉ PROFESSIONNELLE | |
|--|---------|---|---------|
| PAYÉES À | MONTANT | PAYÉES À | MONTANT |
| | | | |
| | | | |

JE CERTIFIE PAR LES PRÉSENTES que les renseignements fournis dans la présente Demande et dans tout document annexé sont vrais, exacts et complets sous tous les rapports; que je n'ai pas réclamé ni ne réclamerai au ministère de la Défense nationale le remboursement de toute cotisation de membre de société professionnelle pour laquelle je réclame ici un redressement d'impôt, et que les frais hospitaliers pour lesquels je réclame ici un redressement d'impôt ne m'ont pas été remboursés ni ne me seront remboursés, en vertu d'une loi provinciale ou en conformité d'un plan d'assurance-hospitalisation à l'intention des membres des Forces armées affectés hors du Canada.

Date _____ Signature of membre _____

PARTIE C

RENSEIGNEMENTS À FOURNIR PAR LE QUARTIER GÉNÉRAL DE LA DÉFENSE NATIONALE
Année civile 19 _____

Total de la solde et des allocations militaires assujetties à l'impôt \$ **A**

Moins: Déductions concernant la pension et la solde différée \$

Cotisations de membre de société professionnelle payées \$

Total des paiements en vertu de plans enregistrés d'épargne-retraite
(Au maximum, le moindre de \$1,500 ou 10 p. 100 du poste A, moins les contributions de pension pour service courant durant l'année) -\$ **B** \$

Contributions de pension pendant l'année pour service courant \$ **REVENU NET** \$ **C**

Impôt total payé durant l'année \$

Moyenne des exemptions personnelles mensuelles pour les mois complets de service soldé dans l'année \$

Nombre de mois complets de service soldé dans l'année _____ Date de cessation du service, s'il y a lieu _____

Date _____ Certifié exact _____
Officier autorisé—Quartier général de la Défense nationale

PARTIE D

À L'USAGE DU MINISTÈRE DU REVENU NATIONAL

ÉTABLISSEMENT DES DÉDUCTIONS PERMISES

Total des dons de charité \$ **D**

Dons de charité déductibles (Au maximum, 10 p. 100 du poste C) - \$ **E**

Dons de charité reportés à l'année suivante (D moins E) - \$

Frais médicaux déductibles - \$

Moins: 3 p. 100 du poste C - \$

Cotisations déductibles de membre de société professionnelle payées - \$

Total des dons de charités, frais médicaux et cotisations professionnelles - \$

Moins: Montant déjà alloué dans la table d'impôt à l'usage des forces armées - \$

Montant net - \$

Ajouter: paiements permis en vertu de plans enregistrés d'épargne-retraite (poste B) - \$

Total permis pour le calcul du redressement d'impôt - \$ **F**

ÉTABLISSEMENT DU TAUX APPLICABLE POUR LE CALCUL DU REDRESSEMENT D'IMPÔT

Revenu net pour l'année \$ divisé par le nombre de mois complets de service soldé - \$

Moins: Moyenne des exemptions personnelles mensuelles - \$

Montant mensuel applicable de revenu militaire imposable - \$

Taux applicable de l'impôt selon l'article 2314 des Règlements - % **G**

CALCUL DU REDRESSEMENT D'IMPÔT

Déductions permises \$ (Poste F) au taux de % (Poste G) **REMBOURSEMENT** \$

Date _____

Fonctionnaire autorisé—Ministère du Revenu national

PARTIE E

REDRESSEMENT EFFECTUÉ PAR LE QUARTIER GÉNÉRAL DE LA DÉFENSE NATIONALE

Date _____

ALLOTMENT 04/522

15113 SGT KALICHUK A
 Number Rank Surname (Print) First Name
 Service RCAF Unit CENTRALIA
 (Navy, Army, R.C.A.F.)
 Calendar year to which this application relates 1961 Date paid service commenced if within past two years 19

PART C

INFORMATION TO BE PROVIDED BY NDHQ

Calendar year 1961
 Total service pay and allowances subject to tax \$4440.00 A
 Less: Pension contributions and deferred pay deductions \$302.40
 Professional membership dues paid \$
 Total registered retirement savings plan payments (Maximum, lessor of \$1500 or 10% of Item A, less current pension contributions during year) \$302.40 B
 Current pension contributions during year \$
 NET INCOME \$4137.60 C
 Total tax paid during year \$17320.23040
 Average monthly personal exemptions for full months paid service within the year \$208.32
 Number of full months paid service within the year 12 Date service ceased, if applicable
 Date 4/4/62 Certified correct [Signature] Authorized Officer - NDHQ

PART D

FOR USE BY THE DEPARTMENT OF NATIONAL REVENUE

DETERMINATION OF ALLOWABLE DEDUCTIONS

Total charitable donations \$ D
 Allowable charitable donations (Maximum 10% of Item C) \$ E
 Charitable donations carried forward to next year (D minus E) \$
 Total medical expenses \$559.56
 Less: 3% of item C \$124.13 \$435.43
 Allowable professional membership dues paid \$
 Total of charitable donations, medical expenses and professional dues \$435.43
 Less: Amount already allowed in the Armed Forces Tax Table \$100.00
 Net Amount \$335.43
 Add: Allowable registered retirement savings plan payments (Item B) \$
 Total allowable for calculation of Tax Adjustment \$335.43 F

DETERMINATION OF APPLICABLE RATE FOR CALCULATION OF TAX ADJUSTMENT

Net Income for year \$4137.60 12 divided by number of full months paid service \$344.80
 Less: Average monthly personal exemption \$208.32
 Applicable Monthly Taxable Service Income \$136.48
 Applicable Rate of Tax as per Section 2314 of the Regulations 17 % G

CALCULATION OF TAX ADJUSTMENT

Allowable deductions \$335.43 (Item F) at rate 17 % (Item G) REFUND \$57.02
 Date 4/4/62 [Signature] Authorized Officer - Department of National Revenue

PART E

ADJUSTMENT ACTION TAKEN BY NDHQ

Date _____

ROYAL CANADIAN AIR FORCE

RE-ENGAGEMENT AND TRANSFER FORM

15113

SGT

A

KALICHUK

I, (Service Number) (Rank) (Initials) (Name)

HEREBY AGREE TO AN EXTENSION OF MY SERVICE IN THE ROYAL CANADIAN AIR FORCE BY REASON OF REGULAR FORCE (Transfer-Re-engagement) TO IN THE

FOR (State Component or Sub-Component) (A) AN INDEFINITE PERIOD OF TIME. (B) A PERIOD OF TWENTY - FOUR CONSECUTIVE YEAR(S) EFFECTIVE THE TWENTY - FOURTH DAY OF JANUARY 1965

(Signature of Witnessing Officer) (DB HOGG) F/L (Signature of Officer or Airman) (KALICHUK) 4 MARCH 1964

UNIT DATE

AGREEMENT TO REVERSION IN RANK (WHERE APPLICABLE)

I, (Initials) (Name) AGREE TO REVERT TO THE RANK OF ON TRANSFER TO THE (Component or Sub-Component)

(Signature of Officer or Airman)

MEDICAL CERTIFICATE (WHERE REQUIRED)

15113 SGT A KALICHUK THIS IS TO CERTIFY THAT (Number) (Rank) (Name) IS MEDICALLY FIT FOR TRANSFER RE-ENGAGEMENT CATEGORY A4B

21 Jul 64 (R Arnot) F/L (Signature of Medical Officer)

DISTRIBUTION—

- 1 Copy (original) to AFHQ
1 Copy (duplicate) to be attached to unit copy of form RCAF R100, Enrolment Form.

WILL CERTIFICATE
 DÉCLARATION RELATIVE À MON TESTAMENT

INSTRUCTIONS

To be completed in duplicate by all personnel on enrolment, or when any change in location of Will occurs. Use typewriter or ink, check applicable boxes and show location of Last Will and Testament in space provided below.

A remplir en deux exemplaires par tous les militaires au moment de l'enrôlement, ou lorsque le lieu où se trouve le testament d'un militaire vient à changer. Ecrire à la machine ou à l'encre, faire une croix dans les cases appropriées et indiquer dans l'espace prévu à cette fin l'endroit où se trouve le testament.

| | | |
|--|---------------------------|--------------------------------|
| Service No. Matricule: 15113 | Rank Grade: Sgt | Name Nom: A Kalichuk |
|--|---------------------------|--------------------------------|

I have completed a Service Will or other last Will and Testament which is to be held in custody at Records Office Navy Army Airforce HQ

J'ai fait un testament militaire ou un autre testament, qui sera déposé au Bureau des archives du Quartier général de la Marine L'Armée L'Aviation

I hereby request the return of my Service Will for the following reasons:

Je demande, par les présentes, qu'on me remette mon testament militaire, pour les raisons suivantes:

I wish to change same and a new Service Will will be completed. Also a new Will Certificate will be completed to reflect the action indicated above;

J'ai l'intention de le changer et de faire un nouveau testament militaire. Je remplirai également une nouvelle déclaration à ce sujet;

I am preparing a Last Will and Testament, other than a Service Will, which will be located at (See below).

Je fais présentement un testament, autre qu'un testament militaire, qui sera déposé à l'endroit indiqué ci-après (voir ci-dessous).

I have not completed any form of Will and do not wish to complete A Service Will.

Je n'ai fait aucun testament et je ne désire pas faire de testament militaire.

I have not completed a Service Will, but my Last Will and Testament is located at (See below).

Je n'ai pas fait de testament militaire, mais mon testament se trouve à l'endroit indiqué ci-après (voir ci-dessous).

I have a Marriage Contract, which contains my Last Will and Testament, located at (See below).

J'ai un contrat de mariage contenant des dispositions testamentaires, qui se trouve à l'endroit indiqué ci-après (voir ci-dessous).

I cannot complete a Service Will because I am domiciled in the Province of Quebec and I am under 21 years of age.

Je ne peux pas faire de testament militaire parce que je suis domicilié dans la province de Québec et que je n'ai pas encore atteint l'âge de 21 ans.

LOCATION OF LAST WILL AND TESTAMENT
 ENDROIT OÙ SE TROUVE LE TESTAMENT

RCAF Records Office
 Ottawa Ont.

Signature

A Kalichuk

Unit:
 Unité:

RCAF Stn Clinton Ont.

Date:

25 Feb 66

DISTRIBUTION - Original - Navy Headquarters Army Headquarters Airforce Headquarters
 Duplicate - Unit Documents

000309

S-2

EMPLOYER'S PART

THIS SOCIAL INSURANCE NUMBER HAS
BEEN ASSIGNED TO:

| | |
|-------------------------------|---------------------|
| SOCIAL INSURANCE NUMBER | LAST OR FAMILY NAME |
| 429-488-018 | KALICHUK |
| NUMÉRO D'ASSURANCE SOCIALE | NOM DE FAMILLE |

EMPLOYER: Give the two plastic cards to the employee. Record the employee's social insurance number on your personnel and/or payroll documents so that this new number will be available for use on all relevant reports regarding this employee. When this has been done, this part may be destroyed.

PARTIE DE L'EMPLOYEUR

CE NUMÉRO D'ASSURANCE SOCIALE A
ÉTÉ ATTRIBUÉ À:

| | |
|-------------------|-----------------------------------|
| GIVEN NAMES | BIRTH DATE DAY MO. |
| ALEXANDER E | 03-11 |
| PRÉNOMS 015113 | JOUR MOIS DATE DE NAISSANCE |

A L'EMPLOYEUR: Remettre à l'employé les deux cartes en plastique. Inscrive le numéro d'assurance sociale de l'employé dans vos dossiers ou registres de paye pour usage de ce nouveau numéro sur tout document pertinent relatif à l'employé. Cette partie peut être détruite.

000310

FORM LETTER* TO ACCOMPANY FORM RCAF D26
WHEN REQUEST FOR CLEARANCE IS RAISED AT TC UNITS

* To be prepared in DUPLICATE. Duplicate copy to be placed in R1 Document Envelope for service personnel or in the Personal Confidential File of civilian employee.

Air Officer Commanding
Training Command
RCAF Station Winnipeg
Westwin Man

File 22-02-01(PA60)

Date 4 Jun 63

SECURITY CLEARANCE - Request for

| <u>15113</u> (No) | <u>SGT</u> (Rank) | <u>KALICHUK, Alexander</u> (Christian Names in full & SURNAME in block letters) | <u>Supply</u> (List, Trade or Position) |
|----------------------|----------------------|---|--|
|----------------------|----------------------|---|--|

1 The subject person requires a ~~CONFIDENTIAL~~ security clearance for the following reason(s):


Secret clearance is required in order that the a/n may have access to secret publications which are used in lecture and project preparation at COS Supply Training.

~~CONFIDENTIAL~~
SECRET
~~TOP SECRET~~
as applicable

2 Subject TOS this unit 5 SEP 61

3 Marital status (if Forms D26 not attached) Married

4 A check of unit records reveals no evidence of this person having been previously cleared to the degree requested.


(DE HOGG) F/L
for Commanding Officer
RCAF Sta Centralia Ont

FORWARDING MINUTE

File

Chief of the Air Staff
Air Force Headquarters
Department of National Defence
Ottawa 4 Ont

Date

1 It is confirmed that the security clearance requested above is essential.

2 A check of records at this Command Headquarters reveals no evidence of this person having been previously cleared to the degree requested.

for AOC TC

SGT HALICHUK

APPENDIX A
to Accounting Circular No. 159

AUTHORIZATION FOR RECOVERY OF MESS AND INSTITUTE ASSESSMENTS AND CHARGES

Except where the Commanding Officer has directed that all mess and institute assessments and charges shall be paid in cash, I hereby authorize all mess and institute assessments and charges to be deducted from my pay and paid on my behalf to the mess or institute, unless I have advised my SAO, by memorandum, that I will pay such assessments and charges in cash.

A Kalichuk SGT

(Signature)

8 Feb 62

(Date)

15413 SGT A KALICHUK

(Number) (Rank) (Initials & Name)

(To be retained in form RCAF 81, Document Envelope).

Station Bibby Room

APPENDIX "C" TO RELEASE PROCEDURE

(A) ENDIX TO D2/4 AFRO)

DECLARATION AS TO INTENDED RESIDENCE

1 I, A. KALICHUK.....hereby declare that,
on termination of my service with the Royal Canadian Air Force, I intend reside at
DAUPHIN MANITOBA.....
..... in the province of.....

2 I understand that my release will be effected from RCAF Station,
Clinton, Ontario.

3 In accordance with QR (Air) 209.70 I desire transportation except
as may be specifically authorized by my CO or higher authority pursuant to
the said regulations.

C. Hanson
.....
(Signature of Witness)

21 Dec 54. Sta. Clinton
.....
(Date)

A. Kalichuk
.....
(Signature)

SUPPLEMENTARY PERSONAL HISTORY FORM

To be completed by the following:

- (a) Personnel who have completed a Personal History Form (Form RCAF D26) previous to marriage.
- (b) Personnel who are completing Form RCAF D26 for the first time and are married to persons born in foreign countries other than the United Kingdom.

1 SUBJECT 15113 Sgt A Kalichuk
 (Number) (Rank) (Name)

2 DATE D26 SUBMITTED 16 Jul 58

3 DATE AND PLACE OF MARRIAGE 30 Jan 54 Seaforth Ontario

4 WIFE/~~WIVES~~

- (a) Karwacki Helen 21 May 20 Poland
 (Maiden Name) (Christian Names) (Date and Place of Birth) including Province
- (b) Date of Arrival in Canada, if applicable 13 Oct 48
- (c) Addresses for Past Ten Years with Dates: (to be completed only in cases where person name in Item 1 married a person born in a foreign country other than the United Kingdom).

| Country & Province | City | Street & Number | Dates | |
|------------------------------|----------|-----------------|------------|---------------|
| | | | Month-Year | to Month-Year |
| Europe, England, Schropshire | Osvestry | Military Camp | Oct 47 | Sep 48 |
| Ontario | Tiverton | RR#1 | Sep 48 | Nov 48 |
| Ontario | Walton | Huron County | Nov 48 | Present |

5 PARENTS OF SPOUSE

- (a) Father Karwacki Stanley 1895 Warsaw Poland
 (Name) (Christian Names) (Date and Place of Birth) including Province
 Address Deceased - 1920
 Place and Type of Employment, NA
- (b) Mother Kudelska Anne 1893 Choroszcza Poland
 (Name) (Christian Names) (Date and Place of Birth) including Province
 Address RR#4 Walton Ont.
 Place and Type of Employment, if applicable Retired
- (c) Date of Arrival of Parents in Canada, if applicable
 Father Deceased in Europe 1920
 Mother 14 Nov 50

I Alexander Kalichuk, do hereby certify that, to the best of my knowledge and belief, the above is a true and complete statement of the matters set forth herein.

Date 18 Aug 58

A Kalichuk Sgt
 (Signature)

DEPARTMENT OF NATIONAL DEFENCE (CANADA)

The Defence Services Pension Act (Part V)

PROVISIONAL ELECTION FORM

(TO BE COMPLETED, IN TRIPPLICATE, WITHIN A YEAR AFTER BECOMING A CONTRIBUTOR UNDER PART V BY PERSONNEL WHO WISH TO ELECT TO CONTRIBUTE IN RESPECT OF THE WHOLE OR ANY PART OF SERVICE PRIOR TO BECOMING A CONTRIBUTOR)

PRESENT **RCAF STN CLINTON ONTARIO**

1. SERVICE NUMBER **15113** RANK **CPL** UNIT, SHIP, or ESTABLISHMENT **KOLICHUK**

2. NAME **KALICHUK** (BLOCK CAPS) **ALEX** (Surname) (Full Christian Names)

3. Date of Birth: **3** (Day) **NOV** (Month) **1923** (Year) 4. Marital Status: **MARRIED** (Single, Married, Widower, etc.)

5. Date of Previous Election (if any) **N/A** 6. Date of Marriage **30 JAN 54**

7. To the best of my knowledge the following are details of **ALL** my prior service:

| Statement of Service (See Footnotes (a) (b) (c) below) | Service Number | Period (State day, month and year) | |
|---|----------------|---------------------------------------|-----------|
| | | From | To |
| ROYAL CANADIAN ARMY | 11-77067 | 21 MAY 41 | 26 OCT 45 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Total estimated arrears of contributions and interest in respect of the above service as brought forward from the work sheet attached:—

Amount \$ **305.23**

Footnotes:—(a) Each type of service is to be shown separately: e.g. RCN, Cdn Army, RCAF, RCMP, Federal Civil Service and service in the Forces of Her Majesty other than those raised in Canada.
 (b) For Reserve Army service show service number, ranks held, unit and location.
 (c) For Federal Civil Service show Department, Branch, location and position held.

"Certified that 15113 CPL A. Kalichuk was medically examined on JAN 24 56, passed/did not pass the medical examination required by the DSPA" in accordance with AFRO 564/55 App. B 4(b)

B.M. Kelly
 (J.G. FRASER) F/L SMO

9. **ELECTION TO CONTRIBUTE FOR PRIOR SERVICE:**—(Delete option not applicable)

(A) **Option I:** I elect to contribute for all prior service.

Total Estimated Arrears \$ 305.23 (See Item 8)

Option II: I elect to contribute for years of my total prior service.

If Option II is selected the amount to be contributed will be that proportion of the total estimated arrears as per Item 8 as the number of years chosen bears to the total prior service. (DSPA 45 (2)):

$$\begin{array}{r}
 \$ \text{ } \underline{\hspace{2cm}} \\
 \text{Total Estimated} \\
 \text{Arrears (Item 8)}
 \end{array}
 \times
 \frac{\text{No, years chosen}}{\text{Total Prior Service}}
 =
 \begin{array}{r}
 \text{Arrears to be} \\
 \text{contributed}
 \end{array}
 = \$ \text{ } \underline{\hspace{2cm}}$$

(B) I select the following plan of payment:—

(i) Lump sum payment: Amount \$
(Cash payment or application for Re-establishment Credit from DVA must be made at date of election)

and/or

(ii) Monthly instalments in accordance with Cdn Life Table Number 2 (1941):—

4 (Number of years) Amount: \$ 7.00

I hereby agree that the estimated arrears and plan of payment shown above shall be made the basis of my contributions, in respect of the period of prior service for which I elect to contribute, until such time as the actual amount of contributions required has been determined, verified and accepted, at which time any adjustment, in relation to the selected plan of payment, required by reason of inaccuracy in my estimated arrears shall be effected.

[Signature]
(Witness)

[Signature]
(Signature of contributor)

Signed at CLINTON-ONT this 3 day of FEBRUARY 19 56

"I certify that this election was received by me at RCAF Stn Clinton, Ontario, by hand/registered mail on 25 day of January 56."

10. **STATEMENT BY SUPPLY OFFICER, PAYMASTER, OR ACCOUNTANT OFFICER** (as applicable):

(A) If the estimated amount of arrears of contributions is paid in a lump sum, the following Certificate is to be completed

"Certified that the amount of \$ has been received, to be credited to the "Permanent Services Pension Account."

Official Receipt Number (RCN and RCAF only)

and/or

(B) If the estimated amount of arrears of contributions is to be paid by instalments the following Certificate is to be completed

"Certified that instalments at the monthly rate of \$ 7.00, to be recovered through the pay account over a period of 4 years, have been instituted with effect from the month in which Item 9 is signed i.e. February 19 56."

Date 8 Feb 56

[Signature]
(Signature)

(FOR ARMY USE ONLY)

11. **Statement to be completed by Officer i/c Ledger Section if estimated amount of arrears of contributions is to be paid by instalments:**

Certified that instalments at the monthly rate of \$ are to be recovered over a period of years and that instalments are being debited in the individual's CAFD.965 commencing with the month of 19

Date

Officer i/c Ledger Section

DECLARATION

I, 15113 Cpl Alexander Kalichuk, do hereby declare that
I was married to Mrs Helen Chomicki at Seaforth, Ontario,
Canada on 30 Jan 54 and the said Mrs Helen Chomicki had two
children

..... Dona Chomicki
(name) (date of birth)

s.19(1)

..... Witold Chomicki
(name) (date of birth)

and the children named are dependent children within the
meaning of QR (Air), art 205.20(2) (b)

Signed this..... 11th day of Feb 1954

G Mendach
.....
(Signature of witnessing officer)

A Kalichuk
.....
(Signature of person making
declaration)

15113 Cpl. A Kalichuk

DEPARTMENT OF NATIONAL DEFENCE (CANADA)

The Defence Services Pension Act (Part V)

IMPORTANT

- (1) Read instructions on Reverse side of this form prior to commencing computation.
- (2) Use separate line for each period of service in fiscal year at each rate of pay and allowances or salary.

CONTRIBUTION COMPUTATION FORM TO BE USED BY CONTRIBUTORS UNDER PART V IN ESTIMATING ARREARS OF CONTRIBUTIONS

Service Number 15115 Rank CPL Name and Initials KALICHUK A

| 1 Fiscal Year | 2 Rank or Classification | 3 Daily or Monthly Rate of P & A or Salary | 4 PERIOD OF FISCAL YEAR PAID AT RATE SHOWN IN 3 | | | | 5 Total P & A or Salary for period shown in 4—(3 x 4) | 6 Rate of Contribution—5, 5½ or 6% | 7 Amt. of arrears contributions required for period shown in 4—(5 x 6) | 8 Interest at 4% (4% of 7) | 9 No. of years interest | 10 Total Interest (8 x 9) | 11 Gross Total Arrears and Interest (7 plus 10) | 12 Period of Service to count (½, ¼ or full) | 13 Net Total Contributions required (11 x 12) | |
|------------------|-----------------------------|---|--|-----------|--------|------|--|---------------------------------------|---|-------------------------------|----------------------------|------------------------------|--|---|--|-------|
| | | | From | To | Months | Days | | | | | | | | | | |
| 41/42 | PTE | 2.40 | 21 MAY 41 | 31 MAR 42 | | 315 | | 756.00 | 5 | 37.80 | 1.51 | 11-1/3 | 21.64 | 59.44 | 2 | 59.44 |
| 42/43 | PTE | 2.55 | 1 APR 42 | 31 MAR 43 | | 365 | | 930.75 | 5 | 46.54 | 1.86 | 12-1/3 | 24.80 | 71.34 | 2 | 71.34 |
| 43/44 | PTE | 2.55 | 1 APR 43 | 31 MAR 44 | | 365 | | 930.75 | 5 | 46.54 | 1.86 | 12-1/3 | 22.94 | 69.48 | 2 | 69.48 |
| 44/45 | PTE | 2.55 | 1 APR 44 | 31 MAR 45 | | 365 | | 930.75 | 5 | 46.54 | 1.86 | 11-1/3 | 21.08 | 67.62 | 1 | 67.62 |
| 45/46 | PTE | 2.55 | 1 APR 45 | 26 OCT 45 | | 209 | | 532.95 | 5 | 26.65 | 1.07 | 10 | 10.70 | 37.35 | 1 | 37.35 |

TOTAL 305.23

INSTRUCTIONS TO BE FOLLOWED IN COMPLETING FORM DSPA 1A

- (1) - **Column 1**—Show the fiscal year in which service rendered. A fiscal year extends from 1 Apr to 31 Mar of the following year. Example: 27 Jun 40 to 31 Mar 41 is in the fiscal year 40/41.
- (2) - **Column 2**—Show rank or classification held from time to time during service. Example: Petty Officer, Staff Sergeant, Flight Sergeant, Clerk Grade III, Constable. Where more than one pay classification was held during a fiscal year each such period is to be shown on a separate line.
- (3) - **Column 3**—Show daily or monthly rate of Pay and Allowances or salary applicable to the pay classification shown in Column 2.
- (4) - **Column 4**—Show actual period during which rate of Pay and Allowances or salary shown in Column 3 was applicable. If monthly rate applicable complete "Months" sub-column; if daily rate applicable complete "Days" sub-column.
- (5) - **Column 5**—Self-explanatory.
- (6) - **Column 6**—5% if Pay and Allowances or salary \$1,200.00 per annum or less; 5½% if \$1,200.01 to \$1,500.00 per annum. 6% if over \$1,500 per annum. Governing factor is the per annum rate and not Pay and Allowances or salary actually received.
- (7) - **Column 7**—This amount will represent the total contributions less interest required for the period shown in Column 4.
- (8) - **Column 8**—Self-explanatory.
- (9) - **Column 9**—Show number of years and fractions thereof elapsed from 1 Oct of fiscal year concerned to date upon which DSPA 1 signed by contributor.
- (10) - **Column 10**—Self-explanatory.
- (11) - **Column 11**—Self-explanatory.
- (12) - **Column 12**—Show whether service in question counts one-quarter, one-half, or full-time in accordance with Section 42 (1) (i) DSPA. Use symbols "¼", "½", or, for full time, "1".
- (13) - **Column 13**—The product of Column 11 times Column 12, shown in this column represents the total amount of arrears of contributions plus interest required to be paid in respect of the period shown on the same line in Column 4. Note that where service counts full time the amount shown in this column will be the same as shown in Column 11. The Grand Total of Column 13 is to be carried forward to Item 8 of DSPA 1.
- (14) - **RATES OF PAY AND ALLOWANCES OR SALARY TO BE USED**

(a) - **ACTIVE SERVICE WITH THE NAVAL, MILITARY OR AIR FORCES OF HER MAJESTY RAISED IN CANADA DURING TIME OF WAR:**

Use Active Service rates of pay in effect during the service in question, applicable, e.g.:

Naval forces:— pay of rank or rating, command money, specialist pay, non substantive pay and staff pay, **or**

Military forces:—pay of rank, classified rates of pay, consolidated pay, command pay, trades pay, and additional pay while extra regimentally employed, **or**

Air forces:— either consolidated pay, classified rates of pay, basic pay (excluding the difference between General List and Non Flying List rates of pay, when General List rates of pay were in issue), or pay of rank and group, command pay, and headquarters pay

and marriage or dependents' allowances for wives and dependent children **and** subsistence allowance at standard rates payable in Canada whether or not such last mentioned allowance was in fact paid; but excluding all other pay and allowances.

(b) **ACTIVE SERVICE IN HER MAJESTY'S FORCES OTHER THAN THOSE RAISED IN CANADA, OR SERVICE IN THE NAVAL, ARMY OR AIR FORCES OF HER MAJESTY RAISED IN CANADA OTHER THAN THE PERMANENT OR REGULAR FORCES DURING WHICH TIME THE CONTRIBUTOR WAS LIABLE TO BE CALLED OUT FOR PERIODIC AND ANNUAL TRAINING OR DUTY BY THE GOVERNOR IN COUNCIL OTHER THAN DURING AN EMERGENCY:**

The rates of pay set out in the relevant Canadian Pay Regulations in effect as at date upon which DSPA 1 signed by contributor **and** the allowances as shown in Regulation 3 of the Regulations Applicable to Part V of the DSPA for the ranks held from time to time during such service.

- (c) **CIVIL SERVICE:** The same emoluments as those on which contributions would have been required to be made under the Civil Service Superannuation Act.
- (d) **RCMP:** The same pay and allowances paid to or on behalf of the contributor while serving in the RCMP on a full time paid basis, as those on which pension under the RCMP Act would have been calculated had the contributor, by reason of his service in the RCMP, become eligible for pension under the RCMP Act.

APPENDIX TO MANNING INSTRUCTION NUMBER 47

CERTIFICATE RE CAMPAIGN STARS AND MEDALS

I, 15113 LAC Kalichuk AE
Number Rank Name

H-77067 Pte CA(A) Hereby certify that I
State Number, Rank & Branch of Service

(have) (~~xxxxxxx~~) received my entitlement to Campaign Stars and
(strike out where not applicable)

Medals earned by virtue of my service in the Second World War.

Signed.....

Witnessed.....

Date..... 25 Jan 50

Unit..... RCAF Recruiting Unit, Brandon, Man.

CLAIM FOR PRE-ENLISTMENT ALLOWANCE

APPENDIX TO
M13/1

(1) Name of Claimant A.E. Kalichuk (2) Unit Recruiting
Home Address Sifton, Manitoba Place Brandon, Man
Date 20 Dec 49

PARTICULARS OF TRANSPORTATION, BERTHS, AND MEAL TICKETS

| (3) Date | TW Number | From | To | Meal Tickets Issued and Value | Signature of Issuing Officer | Unit |
|-------------------------------|-----------|------|----|-------------------------------|---|------|
| Certified that No TWs issued. | | | | NIL | <i>AA Proctor</i> (AA Proctor) P/L OC Rec Unit Brandon Man. | |

| (4) Times | Hour | Date (5) | Allowances |
|--|------------------------|----------|---|
| (a) Departure from residence (do NOT complete if recruit reports without instruction or if living at place in which unit is located) | | | (a) Meals en route..... Meals at 50¢ |
| (b) Arrival at recruiting unit (complete in all instances showing date on which recruit reports) | 1600 | 19 Dec | (b) Lodging en routedays at \$1.25 |
| (c) Final departure from recruiting unit (do not complete if enlisted). | 1730 | 20 Dec | (c) Subsistence Allowance while at place X of interview..... 2 days at \$1.25 \$2.50 |
| (d) Probable return to residence (do not complete if recruit reports without instruction or if living at place in which unit is located). | 0030 | 21 Dec | (d) Pre-enlistment Allowance..... 2 days at \$2.27 \$4.54 |
| (e) Date TOS RCAF (no allowance payable for this date except when granted leave without pay) see FR Air, para 157 (4). | | | TOTAL \$7.04 |
| (f) Date granted leave without pay | | | (6) Received the above sum in full payment of this claim |
| (g) If individual living at place in which unit is located or reports without instructions show dates on which individual is entitled to pre-enlistment allowance in accordance with FR (Air) para 157 (3) and (4) | 19 Dec 49 20 Dec 49 | | <i>Alan Kalichuk</i> |

Date 20 Dec 49 Signature of Claimant

(7) I hereby certify that the claimant was instructed to report to or actually attended at this unit on the days for which allowances are claimed and I have verified necessity of other expenditures. The claimant was enlisted/rejected in the RCAF on the date shown.

(8) Certified that the amount shown in para 5 has been paid to the claimant.

AA Proctor P/L Accountant Officer *AA Proctor P/L* Commanding Officer

AUTHORITY

| HQ FE NUMBER | DIV | EST | VOTE | PRI | DA or HQ SUB | OBJ | AMOUNT | DIST SUB | DIST FE NUMBER |
|--------------------|-----|-----|----------------------|-----|--------------------|-------|--------|-------------|----------------------|
| 31874 | | | 600 | 02 | 70 | 110 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Classified by | | | Examined by | | | | | | |
| | | | For Treasury Officer | | | Total | | | |

(This Appendix cancels
Appendix to M13/1, 15 Jan 49)

DATE ISSUED: 15 Mar 49

CERTIFICATION OF ELECTION REGARDING LEAVE WITHOUT PAY
FOR MILITIA PENSION PURPOSES

Number 15713 Rank LAC Name KALICHUK A

CERTIFICATE

I, the undersigned, hereby elect to count my period of leave without pay from 25 Jan 50 to 28 Jan 50 as "Service under Part V of the Militia Pension Act", and agree to pay the amount of contributions required in accordance with Section 44 of the Act by an immediate charge against my pay account in the amount of \$ 1.14 covering the entire period of leave without pay.

L R Sherrin

Signature of Witness

Date 1 Feb 50

Alex Kalichuk

Signature of Contributor

RCAF Station, Aylmer, Ont.

TO BE COMPLETED IN TRIPLICATE

ROYAL CANADIAN AIR FORCE

STATEMENT OF ENLISTMENT

1 I, Alexander Edward Kalichuk.....agree to be enlisted in Category "C" broad trade category, and the trade of my preference within this category is Supply Tech.

2 I understand and agree to the following:

- (a) That, if subsequent to my enlistment in the RCAF, the results of my electrocardiographic, audiometric, x-ray, or blood test examinations are unsatisfactory, I will be subject to immediate discharge from the RCAF.
- X (b) That, subsequent to my enlistment in the broad trade category shown above, I will be selected for training or employment in a specific trade within that trade category, or within another category for which I may be found more suitable.
- (c) That, if on enlistment or subsequent to enlistment in the RCAF, the RCAF considers that I require additional academic education for my specific trade, I may be sent to a school of education prior to my trade training.
- X (d) ~~That, if I marry before the completion of the training period prescribed, I may be subject to immediate release.~~
- (e) That, I have been made aware of the fact that my entry into the Air Force means I am being posted as the RCAF sees fit for service inside Canada, and to such duties outside of Canada as may be required from time to time.
- (f) That, the amount of money to which I am entitled for pay and allowances, the factors regarding payment of pension deductions, income tax, and the relation of medical and clothing allowances to these factors, have been explained to my satisfaction.
- (g) That, I am aware I have signed to serve in the RCAF (Regular) for a five-year period. If during this time I should contemplate leaving the Service, I am aware of the conditions in effect for such release should it be necessary (paras 190 to 196 KR (Air)).
- (h) That, I understand no guarantee of posting to a specific station can be given by the Recruiting Officer. However, subsequent to my trade training my wishes in respect to a preferential posting will be taken into consideration where possible.
- (i) That, after enlistment and subsequent selection for training or employment in a specific ground trade, I may remuster to another ground trade at my own request provided the RCAF finds it expedient to do so.

X Applicable to unskilled enlistments only.

Witness

Signature

R. B. Miller F/C
Place

Alexander Kalichuk
Date

24 Jan 50

R O Y A L C A N A D I A N A I R F O R C E

AGREEMENT

Recruits Granted Leave Without Pay

1. Having this day enlisted in the Royal Canadian Air Force, I do hereby acknowledge and agree that in consideration of being granted leave of absence without pay, the following conditions of service will apply to me during the period of such leave:

(a) During such leave I will conduct myself at all times in a manner which will reflect credit on the Royal Canadian Air Force of which I am a member.

(b) I will not be entitled to receive any pay or allowances, or to any issue of uniform or equipment, or to receive medical or dental services during such leave.

(c) I will not be entitled to any disability pension for any injury or illness which may happen to me during such leave, nor will my dependents, if any, be entitled to any pension by reason of disability or death arising from such such injury or illness. Nevertheless, I will report immediately to the recruiting unit at which I was enlisted any injury or illness suffered by me while on leave.

(d) If unforeseen circumstances require any change in the terms or length of my leave, I will, if I receive written notice requesting me to do so, report to the recruiting unit at which I was enlisted in order that such change may be communicated to me.

(e) I will not marry during my term of leave without pay without proper R.C.A.F. authority.

J.B. [Signature]
(Witness)

Alexander Kalichuk
(Signature of Recruit)

R.C.A.F. RECRUITING UNIT, Brandon, Man.
(Place)

24 Jan 50
(Date)

LEAVE OR PASS FORM

Date **23 Jan 50**

Number **15113** Rank **LAC** Name **KALICHUK AE**

was enlisted in the Royal Canadian Air Force on the **24th 26** day of **January** 19**50** and has been granted leave of absence without pay from the **26th 26** day of **January** 19**50** until the **28th** day of **January** 19**50** inclusive, and ordered to report to **#2 Manning Depot Aylmer Ontario** beginning

the journey to the specified destination on the day immediately following expiration of leave or as soon thereafter as transportation facilities permit (but in no instance before midnight on the last day of leave). NOTE: If, contrary to these instructions the journey is begun prior to midnight of the last day of leave it will be done entirely at the recruit's own risk in the event of injury, loss or damage, and pay and allowances will not begin until the day following the expiration of leave.

Alexander Kalichuk
(Signature of Recruit)

J.B. [Signature]
(Signature of Attesting Officer)

R.C.A.F. No. 15113

Name KALICHUK ALEXANDER
SURNAME CHRISTIAN NAMES

R.C.A.F. R1
 (REV. 5-56)
 7530-21-800-3027

429-488-018

ROYAL CANADIAN AIR FORCE
DOCUMENT ENVELOPE
(OFFICERS, AIRMEN AND AIRWOMEN)
AS APPLICABLE

— IMPERATIVE —
THESE INSTRUCTIONS BE
CARRIED OUT.

FAILURE TO FORWARD THESE
DOCUMENTS WITHIN 24 HOURS OF
POSTING CAUSES SERIOUS INCON-
VENIENCE TO THE REPORTING UNIT.

| DISPATCH FROM | | | NON-SERVICE | | SERVICE | MEDICAL | SERVICE | EQUIPMENT | TRAINING AND MISCELLANEOUS DOCUMENTS | | | | | | | | | | RECEIPT BY | | | | | | | | |
|---------------|------------------|-------------|-------------|--|-------------------|----------------------------------|---------------|-----------------|--------------------------------------|------------------|--|--|--|--|--|--|--|--|------------|--|--|--|--|---------|----------------|-------------|--|
| | | | | | RECORD OF SERVICE | MEDICAL ENVELOPE WITH ENCLOSURES | CONDUCT SHEET | DEFICIENCY LIST | | | | | | | | | | | | | | | | | | | |
| DATE | DISPATCHING UNIT | SIGNATURE | | | R331 (1) | ISM. 14 (1) | R72 (1) | E.236 (1) | Confidential File | Medical Envelope | | | | | | | | | | | | | | DATE | RECEIVING UNIT | SIGNATURE | |
| 16 Mar 65 | Dtm. Contract | D. Appleton | | | + | + | + | + | 020 703 | 020 356 | | | | | | | | | | | | | | 17-3-65 | Dtm. Clinton | [Signature] | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

000328

