



This form should be completed from the records held in your unit. Your Commanding Officer/Officer Commanding or authorised representative must certify the details.
 The information you provide is required to determine your eligibility for assistance under the *Defence Service Homes Act 1918* and will not be disclosed to any person, body or agency.

Surname	Given names		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		
Address			
<input style="width:95%;" type="text"/>			
Telephone			
<input style="width:95%;" type="text"/>			
Date of birth	Rank	Service number	Name of force (e.g. Army)
<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>

Please complete ALL sections (insert N/A if not applicable)

Details of member's Regular/Permanent effective full-time service

	Enlistment date	Discharge or retirement date	Reason or comment (if still serving, write 'still serving')	
Enlistment	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
Leave without pay	Start date	Completion date	Reason or comment	
	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
Other non-effective service	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
Change in service (e.g. Army to Air Force)	Start date	Completion date	Previous service no.	Reason or comment
	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>
Allotment for operational service in:	Location		Start date	Completion date
	<input style="width:95%;" type="text"/>		<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>

Details of member's Reserve service

	Full/part-time	Enlistment date	Discharge or retirement date	Reason or comment
Enlistment	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>
	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>

Certification by Commanding Officer/Officer Commanding or an authorised representative

I certify that the service details shown on this form are in accordance with those held on the service member's personnel file.

Signature

Name

Rank

Appointment

Unit

Telephone

Unit Stamp