ATTESTATION PAPER.

Boys No. 200 9582 Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS.)
1. What is your surname?	NeEachern
1a. What are your Christian names?	Frederick James th.
1b. What is your present address?	Shetum Chathan, Nortid, Co. N.B.
2. In what Town, Township or Parish, and in	Chatham, North'd. Co. N.B.
what Country were you born?	Mrs. John McHachern
4. What is the address of your next-of-kin?	Chatham, North'd.Co. N.B.
	Mother
5. What is the date of your birth?	2 May 1891
	Machinist
	Single
0 4 '11'	Yes
	No
	No
it so, state particulars of former Service.	
your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes
13. Have you ever been discharged from any Branch	No
of his majesty's forces as medically unit?	Nil
His Majesty's Forces and been rejected? 16. If so, what was the reason?	No Nil
by me now made, and I hereby engage and agree to Force, and to be attached to any arm of the service the existing between Great Britain and Germany should after the termination of that war provided His Majes discharged.	lames A Cachern (Signature of Recruit)
	MAN ON ATTESTATION.
I, Frederick James McEachern bear true Allegiance to His Majesty King George the in duty bound honestly and faithfully defend His Maj Dignity, against all enemies, and will observe and obe and of all the Generals and Officers set over me. So	ne Fifth, His Heirs and Successors, and that I will as jesty, His Heirs and Successors, in Person, Crown and by all orders of His Majesty, His Heirs and Successors.
CERTIFICATE O	AND THE RESERVE OF THE PARTY OF
questions he would be liable to be punished as provid The above questions were then read to the Rec I have taken care that he understands each qu duly entered as replied to and the said Recruit has	ruit in my presence. sestion, and that his answer to each question has been made and signed the declaration and taken the oath
before me, at this this	day of 1917. (Signature of Justice)
M F W 23	(Digitature of Sustice)

M. F. W. 23. 750 M.—1-17. H. Q. 1772-39-841. N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

M.B.	2
Description of Machen	- Reducik formon Enlistment.
11 12	10
Apparent Age years months.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)	(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous
	service, attach a slip to that effect, for the information of the Approving Officer).
Height 5 ft 3 / tins.	las interest your Chaighan names &
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Baptist or Congregationalist	Construction of Section 11 to the part of the
Roman Catholic	Thought the worth own I shall say Of the and I do
Jewish.	changlaws you ever be not discount of from any in and it.
Other denominations	Tythidacib mis to outline aftern submanal At
(Denomination to be stated.)	A boundaries of by a few besselves of a second and the second and
CERTIFICATE OF MEI	DICAL EXAMINATION.
a company to the company of	THE PARTY OF THE P
I have examined the above-named Recruit a	nd find that he does not present any of the causes
of rejection specified in the Regulations for Army Me	ner eye; his heart and lungs are healthy; he has the
free use of his joints and limbs, and he declares that	he is not subject to fits of any description.
I consider him* A 2 M for the Ca	anadian Over-Seas Expeditionary Force.
29/4/18	motory in com
Date 191 .	
Place At Office	Medical Officer.
*Insert here "fit" or "unfit." Norr —Should the Medical Officer consider the Recruit unfit.	he will fill in the foregoing Certificate only in the case of those who have
been attested, and will briefly state below the cause of unfitness:—	
ALL ON THE PARTY AND THE PARTY	Section terraries flat out the section is the factories of the contract of the
	4 (
CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
A	A state of the sta
Trederich James /	Sachus having been finally approved and
inspected by me this day, and his Name. Age, Date	of Attestation, and every prescribed particular having
been recorded, I certify that I am satisfied with the	

MAY 7 1918 191 .

(Signature of Officer)

ATTESTATION. 4/6/16 CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 200 9582

Folio.

	The self-terminal of the relative to the self-terminal of the self-termi	(ANSWERS	
	1. What is your surname?	McEachern	
1	la. What are your Christian names?	Prederick James	th
	1b. What is your present address?	Shutam Chatham, No	rsid.co. H.B.
	2. In what Town, Township or Parish, and in what Country were you born?	Chatham, Northid.	Co. M.B.
:	3. What is the name of your next-of kin?	Mrs. John MeRashern	ottor Topkinger
4	4. What is the address of your next-of-kin?	Chatham, North'd.Co	
4	4a. What is the relationship of your next-of-kin?.	Mother	
1	5. What is the date of your birth?	8 May 1891	
. (3. What is your Trade or Calling?	Hackinist	
		Single	
8	8. Are you willing to be vaccinated or re-	Yes	
9	vaccinated and inoculated? Do you now belong to the Active Militia?	по	
10	TEAL SPAN I LINEA	No.	
11	1. Do you understand the nature and terms of your engagement?	Yes	
	2. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes	
18	3. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No	
14	4. If so, what was the nature of the disability?	ntl	
15	5. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	но	
16	3. If so, what was the reason?	N11	*
m	DECLARATION TO BE MAD I, Prederick James McMachern ade by me to the above questions and that they are	do solemnly declare that	the above are answers
For exaft di	I, I rederick James Monachern ade by me to the above questions and that they are y me now made, and I hereby engage and agree to orce, and to be attached to any arm of the service kisting between Great Britain and Germany should ter the termination of that war provided His Maj scharged. Judgman	do solemnly declare that re true, and that I am willing to serve in the Canadian Over therein, for the term of one year d that war last longer than one yesty should so long require my sety should so long require my se	the above are answers fulfil the engagements r-Seas Expeditionary, or during the war now ear, and for six months ervices, or until legally (Signature of Recruit)
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750 M.—1-17. H. Q. 1772-39-841.

PRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Cachen Budaus June on Enlistment.

	eent Age	Distinctive marks, and marks indicating congenital peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).				
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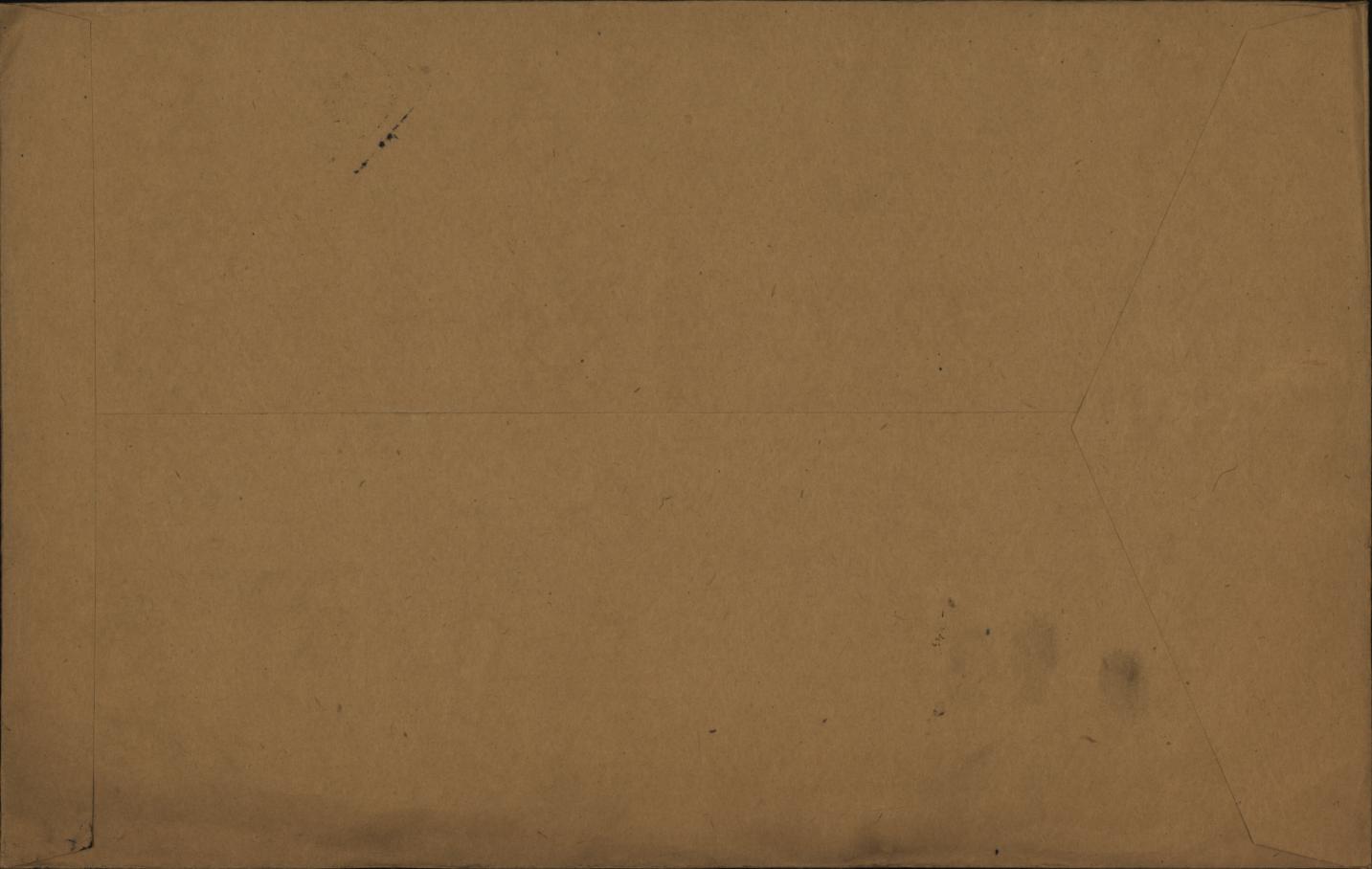
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Coccedings of Court of Inquiry or on men Eported Missing on Active Service
Attestation Papers
Declaration of change of name
Authority for special enlistments
Documents of re-enlisted men
Regimental Conduct Sheet.
Compulsory Stoppages
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Date and No. of Deposit Receipt for Purchase Money and Amount
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Medical History Sheet
Proceedings of Regt. Court Martial
Copies of Convictions by Civil Power
Company Conduct Sheet
Clothing Transfer Certificate
Inventory of Kit
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M. F. W. 62. 100m.—8-17. H. Q. 1772—39 –935.

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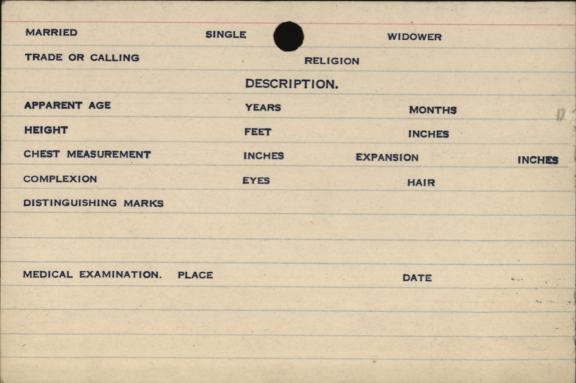
Name Mc. EAECHERN. TREDERICK James Regt. No 2009582 Rank Sapper Corps Can Engineers

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		1 4 Strang 27/4/18. CARD NO. Dt # 192 9 2/5/18.
	CHRISTIAN NAMES Frederick James.	SOS Nis 21-6-18 4 22 Enlist in haval burner (191173)
	200/082. / Xpv. T	0. Sapr. 291918
	Can. ong. Vr. DRs.	O. Part II No / 2.2.
-	FORMER CORPS Nil.	
	NEXT OF KIN.	CHANGE OF ADDRESS
	NAMES IN FULL Mc Eachern, Mrs. John.	
	RELATIONSHIP TO SOLDIER Mother.	
	ADDRESS & hatham, northumberland Co., n. B.	-012-7
	HEIGHT FEET WICE	C8
_	APPARENT AGE YEARS MON	THS
	PLACE OF ATTESTATION St- John, n.B. DATE	may 2nd 1891.
	PLACE OF ATTESTATION St- John n. B. DATE	abr. 29 16 1918.
	MARRIED SINGLE	
	L. L. 25989. M. & D. 8191. M. F. W. 22. 100	м.—8-17. Н. Q. 1772-39-339.



no card

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving

the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.
Rank Shr. Name Fred Q. Surname has Each run
Unit or Corps (If a soldier) Regtl. No. 200 9 582
DIT 4M
9.611/6. 6.0
Signature (for identification)
The examination is to be made jointly by two Medical Officers.
1. PHYSIQUE—Any deformity, maining or lameness? If so, describe.
Weight Colour of eyes
160 M.
Height Identification Marks
5 to 9 in hi
2. NUTRITION AND DIATHESIS?
Jood
After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.
3. NERVOUS SYSTEM? Is there a history of previous disability?
home
4. RESPIRATORY SYSTEM? Is there a history of lung trouble?
None
5. HEART?
Abnormal Sounds?
Abnormal Size?
Pulse Rate? To Intermittence or Irregularity? Muscular Tone?
6. ARTERIES.—(a) Any hardening or nodulation?
(b) Blood Pressure.
7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).
0.1C.
8. GENITO-URINARY SYSTEM ?
Urinalysis-S.G.? 1020 Reaction? and Albumen? hel Sugar? hel
9. SKIN, MIDDLE EAR, EYE or any other part?
and the second s
10. Is there any evidence of impairment of health or physical
condition not mentioned above? If so, describe.
11. Opinion as to the health and
physical condition of the one examined?
mon on our Games
Examined at Signed Signed
Date
Jy W Hasherm
Signature note of soldier. If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent
at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

fical Examination upon leaving the Service	Mer Mer
cer fit for general service or a Soldier fit for duty.	mo as how a
or upon being found that for general service by a Medical Board, and Soldiers towing and cubic very service and control of the control of the very service of the very	pass Officers benying the court
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Fill in only.-Unit, Number, Rank and Name.

Casualty Form-Active Service.

ENGINEER TRAINING DE

Unit, Regiment or Corps. Regimental No2009582 Rank Name N						
Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	don Army Form B. 213, Army Form Place Date taken from Army Form Ar		Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents	

⁽a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

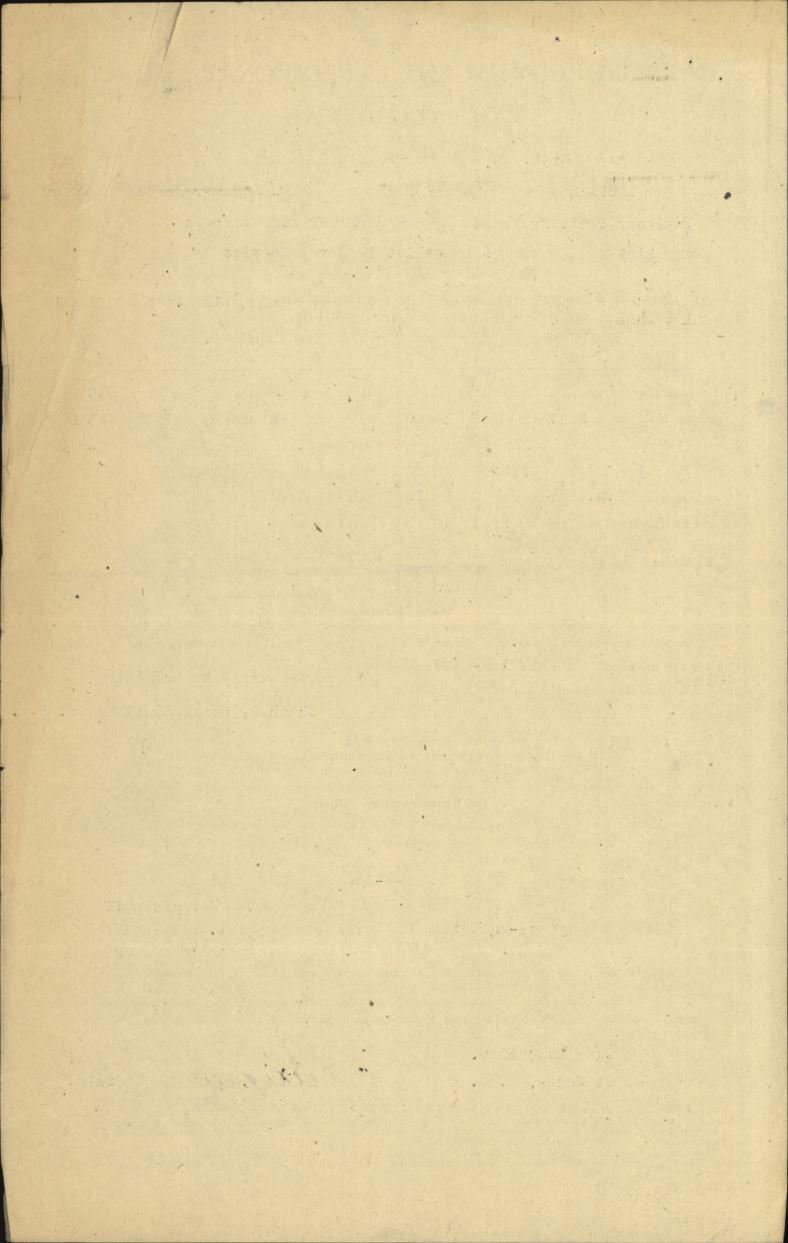
Report		Record of promotions, reductions, transfers,			Remarks
Date	From whom received	casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents
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			P. 15.33		

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 12	2, 130 and	141, Financial Instructions, 25715c, C.	E.F., 1	916).
Regimental No2009582RankSapper		NameMC EACHERN, Frederi	ck J	ames
CorpsEngineer Training Depotwho	was* s	ruck off strength		
OnJune 21st				
The following is a statement of the account o to218tJune1918 the inclusive date of			1	918
Dr. `\$	с.	Cr.	\$	c.
Bal. Dr. from prev. month.	Bal.	Cr. from prev. month	10	.00.
Advances) No	QO. Regi	'l Pay21 days at \$1.000	21	00
Character (N		Allow21 days at \$	2	10
Assigned Pay and Sep'n Allce. No. 3225	.00. Sepa	ration Allowances* (Monthly)		
Other charges Q.M.Stores		r Allowances*	1700	
Payment on transfer or discharge No323110		r Credits*	45 - 11	
Balance Cr. (to be paid by the new unit)		Dr. (to be deducted by new unit)		
Total 33	10 re particula	Total	33	10
A monthly stoppage of \$2000(†)		· · · · · · · · · · · · · · · · · · ·		
Pay for the month of	/	Chatham, Northumberla		
	sfer of an			
Outfit Allowance of \$ has been				
REMARKS:—				
State (1) date of enlistment	29-4-18			
(2) if married and if a Separation Allow	ance Card	nas been submittedSingleN	11	
(3) cause of dischargere-enlisting	in Nav	al authority. Dist Orders 1.	80	
(4) authority for transfer				
NOTE.—Separation Allowance and Assigned pay C original Last Pay Certificate on transfer.	ard and In	dex Card (M. F. W. 71) are to acco	mpany	y the
I have carefully examined this statement of of the unit.	account an	d find it to be a correct extract from	the Pa	y-list
DateJune 22nd 1918.		QL. (
Place St Johns, P. Q.			ptain	Control of the Control
N.B.—For purposes of transfer this form is to be made or District Paymaster; triplicate to accompany the pay-list at the For purposes of discharge it is to be made out in triplicate pay-list at the end of the month, and triplicate for retention as a If a man on discharge is entitled to three months' Post Disciplinal Last Pay Certificate will be forwarded with other documents.	te. Original crecord.	nonth, and quadruplicate for retention as a recopy to accompany discharge papers; duplicate to Last Pay certificate will be made out in quadruplicate.	ord. to accon	mpany

М. F. W. 44. 300м.—2-18. Н. Q. 1772-39-903. B.



Voluntary Enlistment Canadian Engineers.

**MILITARY SBAVICE ACTIVIOUXXX

200 4582

MEDICAL HISTORY

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar er

	ame_MC	Eachern	Chris	tian name	Fred	erick Jan	ies	
2. Num	ber of repe	ort for service or clai	m for exemption	according t	to Postm	aster's)		The state of the s
3. Conson	ecutive nu it)	mber on schedule of	men reporting	for service	(if he a	ppears		3
4. Addr	ece (includi	ng street Chatha						Cg.
1227				,		named man as	ascertained by the	20
me	edical exa	mination on the_	29	day of	afz	ril 1	1917, by the	3
un	dersigned	l medical board si	tting at	4-70	offer	i. On G	В,	3
5. Age a	s stated	26 Years 10	Months.	6. App	parent age	Yea	Months	n
7. Heigh	nt	Feet	Inches.	8. Wei	ght/	52 Pou	inds.	3
9 Chest	measuren	Minimum 3	3/2 Ins.	Complexion	Der	b	(Eyes_Blue_	5
7. Chesi	measuren	Maximum 3	7 Ins.			A	Hair D Brov	m Z
11. Physi	cal develop	oment. Lo	vd.	{ Good Fair Poor		nallpox marks	Nil	3
12 N		Right	armO					8
		ination marks { Left a					hildhood	Ian.
15. Distin	nctive mark	s and marks indicatin	g congenital pecul	iarities or pr	revious dis	sease		Signature of Man
	<u> </u>							ure
		t not sufficient to cause	n					iati
The man	denies havi				1	Rheumatism		H
		ing had Tuberculosi Syphilis ease admitted or susp		evidence of	past {	Rheumatism Fuberculosis Syphilis		Sign
(St	rike out die Ve have	(Syphilis ease admitted or susp examined the abo	ected.) ove named ma	A .	past {	Tuberculosis Syphilis	30 2 60	Sign
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(St V in accor medical	rike out die Ve have dance w examinat	ease admitted or susp examined the abo ith the C. E. F. tions, and he is pla	Member. M.O. M.O.	Date 25.18	past { } 17. (a) V (b) H Result	Tuberculosis Syphilis ision R. D. Hearing. R	M.O. M.O.	Sign
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Date Joined	Result 29	day of Companient Companient	Member. Member. Member. Member. M.O. M.O. April	Date 25.18 191	past { } 17. (a) V (b) H Result	Tuberculosis Syphilis ision R. D Iearing. R. D President. ANTI-TYPHOID St. John	M.O. M.O. M.O.	Sign
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Joined of Transfer	Result Result EX	day of Companient AMINED OR Date Companient Companient Companient AMINED OR Date	Member. Member. Member. M.O. M.O. M.O. M.O. M.O. DISCHARG	Date 25.18 191 191 191 195 195 195 195 1	17. (a) V (b) H Rosnit	Tuberculosis Syphilis ision R. D Iearing. R. D President. ANTI-TYPHOID St. John Habits	M.O. M.O. M.O. DATE 29-4-1918.	N. M.
Date Joined	Result Result EX	day of Companient AMINED OR Date Companient Companient Companient AMINED OR Date	Member. Member. M.O. M.O. M.O. M.O. M.O. M.O. M.O. M.O. DISCHARG	Date Date 25.18 191 L NUMBER 19582 ED BY	17. (a) V (b) H Rosnit	Tuberculosis Syphilis ision R. D Iearing. R. D President. ANTI-TYPHOID St. John Habits	M.O. M.O. M.O. M.O. DATE 29-4-1918.	July Lation Rose

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page

M. F. B. 313.

800M.—10-17.

1772—9-459.

DATES OF Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Date of Arrival Number of Signature of Admission into Hospital Discharge from Hospital. STATION. at the DISEASE. days in Medical Station. Hospital. Officer. Day Day Month Year Month Year Name. Christian Surname

Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. 2009582
Rank Sapper
Surname & Cachum
Christian Name Assidered Nore—The name must agree strictly with that on enlistment unless changed subsequently by authority.
Corps (Squadron, Battery or Company) Canadian Engineers
Date of Discharge June 2181- 1918.
Place of Discharge Aland In Comment of the Comment
1. DESCRIPTION AT THE TIME OF DISCHARGE.
(Place) (Place) (Place) (Place) (Place)
Age
Height 5 feet 3/ inches
Complexion Dark.
Eyes Blue id no reiblos edt y bengis ed or etanlitre) 8
Hair Dark Brown
I hereby schonwledge that I received all my Pay Allowances and Clothing and all just demands, up
to the present date, subject to the reservations of the claims potentially large.
Intended place of 1% Haval Service
(Marva)
(To be given as fully as practicable.)
2. The above-named man is discharged in consequence of Re-enlasting the
The state of the state of the sentisting in the
Gained Service. Routine Order 180. 1918
The state of the state of the sentisting in the
naivel Lervice, a Routine Order 180. 1918 miles handle 40. 22-m-3142.
naival Lervice, a Routine Order 180. 1918. 40. 22-m-3142. Appendix be a server of the server of th
Mained Merwice, Routine Order, 180. 1918. 40. 22-m-3142. N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.
Mained Merwice, Routine Order, 180. 1918. 40. 22-m-3142. N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.
Mained Merwice, Routine Order, 180. 1918. 40. 22-m-3142. N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.
Mained Lerwice, Routine Order, 180. 1918. 40. 22-m-3142. N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.
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Mained Merwice, Routine Order, 180. 1918. 40. 22-m-3142. N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.
Mained Merwice, Routine Order, 180. 1918. 40. 22-m-3142. N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.
And Service Routing Clader 180. 1918. 40. 22- 20 - 3/42. Certificate. If discharged by superior authority, the number and date of the letter to be quoted. 3. Conduct and character while in the service have been, according to the records, etc. N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Canada.) N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Canada.)

5. He is in possession of the following no	number of G. C. Badges:
fourth page).	When forwarded for confirmation these proce the documents specified on
6. Medals and Decorations	To be made on either the discharge or character certificate. Discharge Certificate
or Battery), and I have impartially enq Regulations.	d signed by the Officer Commanding his Company. (Squadron quired into all matters brought before me in accordance with Lt. Colonel C. I Commanding.
I hereby acknowledge that I received all	signed by the Soldier on Discharge Il my Pay, Allowances and Clothing, and all just demands, up
(Place) St. Jane 2, 81-1918. When a soldier is absent through illness	(Signature of Witness.) ess or any other cause and it is not desirable to forward these manuscript copy should be sent for the man to sign, and when
	he case of a Soldier who takes his discharge h his own request.
I hereby declare that I do of my own f	free will request to be discharged from His Majesty's Service. [Signature of Soldier.]
10. Sta	catement of Service.
Service toward Engagement to(the da	ate to which the Record of Service is completed)yearsdays. Totalyearsdays.
The discharge of the above-named man	firmation of Discharge. is hereby confirmed.
(Place) St. 1918	(Signature)

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

J.J. M Eachern

Statement of Man's Account on Transfer and Last Pay Cer-tificate,

N. B.-In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

List of Discharge Documents.

signed by the soldier. When there are none, it is to be so stated, and signed by the

Reg. Conduct Sheet, Militia form B. 263. Attestation Paper, Militia Form B. 235. Squadron Battery Company Conduct Sheet, B. 263a. Proceedings on Discharge B. 218. Copies of Convictions, by C. P. in MS. In the case of recruits who are rejected on final Med. Hist. Sheet, Militia Form B. 313 approval, the discharge documents will consist of Medical Report for Invalid* B. 227. (a) Proceedings on Discharge. Statement of Man's Account on (b) Attestation. Transfer and Last Pay Certificate, D. 877. (c) Medical History Sheet (in the event of *Only if discharged "Medically unfit." such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Lot applicable