

460008

ANDERSON

DAVID

I.D. number

Surname

Given names

No. d'identification

Nom de famille

Prénoms

KIA 15-9-16

OPEN (ATIA)

**NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL**

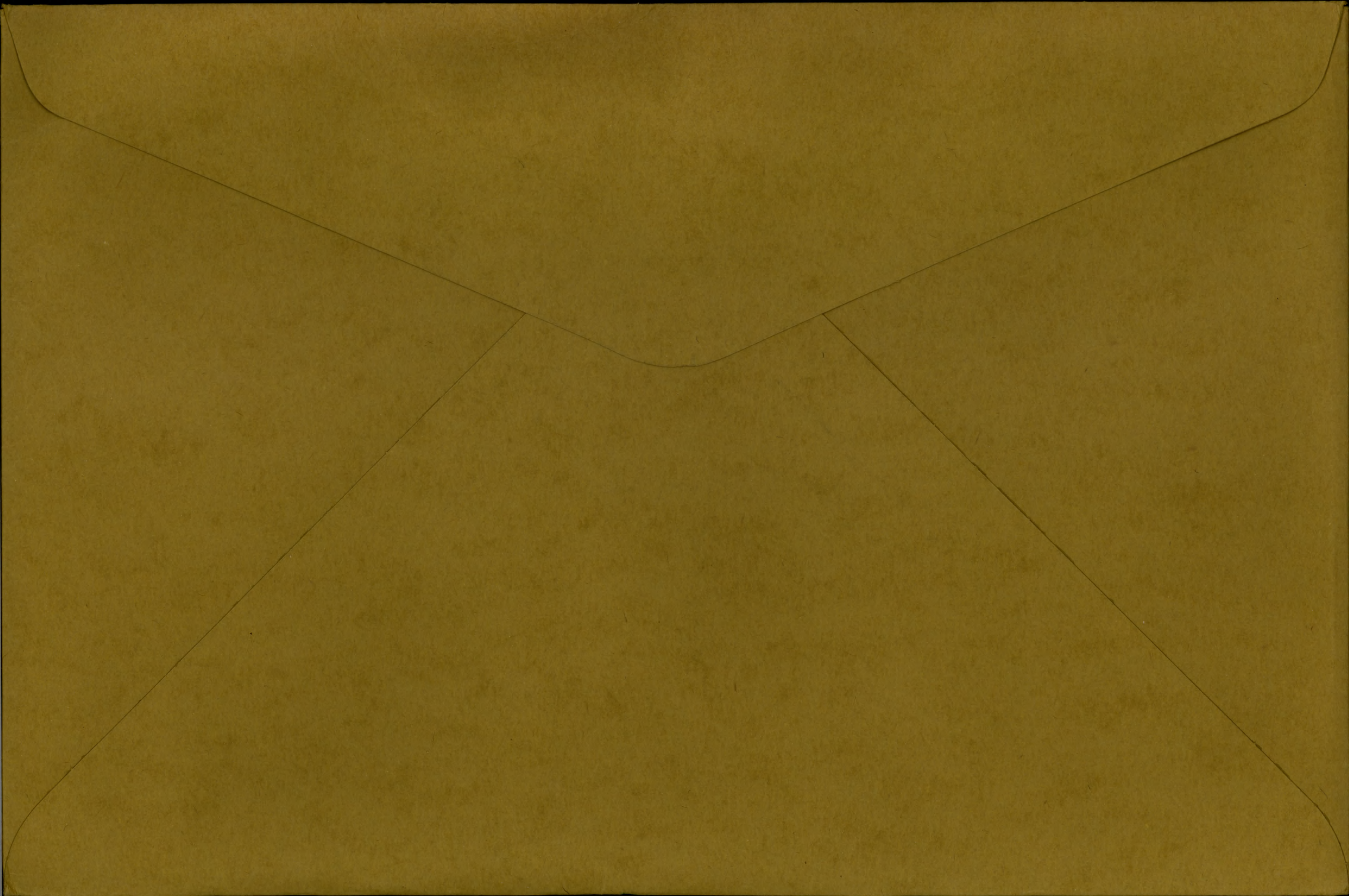
**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location

Lieu

145

**« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »**



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers. 1 + 1.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet. 2.....
- Compulsory Stoppages.....
- Casualty Forms. 1.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet. 2.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet. 1.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.....
H. Q. No.....

Name **ANDERSON, DAVID**
Regt. No. **460008**, Rank. **Pvt.**
Corps **61st. Bn**

M

Killed in action.

Index Card.....	<input checked="" type="checkbox"/>
Casualty Card.....	<input checked="" type="checkbox"/>
Non-Effective Card.....	<input checked="" type="checkbox"/>
Part II Order Card.....	<input type="checkbox"/>
Change of Address Card.....	<input type="checkbox"/>
Honour & Award Card.....	<input type="checkbox"/>

15-9-16
H

8-27
23-28
31-28
1

David Anderson

*M.V. ce
11/2/20*

*1 pay card
1 pay sheet*

ATTESTATION PAPER.

Original
No. ~~A61246~~

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. 460008

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... David Anderson
- 2. In what Town, Township or Parish, and in what Country were you born?..... St Andrews, Manx
- 3. What is the name of your next-of-kin?..... David Anderson
- 4. What is the address of your next-of-kin?..... St Andrews, Manitoba, Canada.
- 5. What is the date of your birth?..... July 30 1895
- 6. What is your Trade or Calling?..... Farmer.
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?.. No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

David Anderson (Signature of Man).
E. J. Thomas (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, David Anderson, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date August 20 1915 David Anderson (Signature of Recruit)
E. J. Thomas (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, David Anderson, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date August 20 1915 David Anderson (Signature of Recruit)
E. J. Thomas (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Winnipeg this no day of aug 1915

H. J. Hamilton (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

Description of David Anderson on Enlistment.

Apparent Age 22 years 1 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 4 1/2 ins.

Complexion Dark

Eyes Grey

Hair Dark

- Religious denominations.
- Church of England
 - Presbyterian
 - Wesleyan
 - Baptist or Congregationalist
 - Other Protestants (Denomination to be stated.)
 - Roman Catholic
 - Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either 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 fit for the Canadian Over Seas Expeditionary Force.

Date August 20 1915

Place Winnipeg W. A. Kelly
Capt. Ames Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

David Anderson 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 correctness of this Attestation.

W. A. Kelly (Signature of Officer)

Date August 20 1915

ORIGINAL MEDICAL HISTORY SHEET.

Surname Anderson Christian Name David

Examined { on <u>20</u> day of <u>Aug.</u> 191 <u>5</u> at <u>Winnipeg</u> Birthplace { City or Town <u>St. Andrews</u> County <u>Manitoba</u> Apparent age <u>22 1 mos.</u> Trade or occupation <u>Farmer</u> Height <u>5</u> Feet <u>8</u> Inches. Weight <u>160</u> Lbs. Chest measurement { Minimum <u>35½</u> inches. Maximum expansion <u>4½</u> inches. Physical development _____ Small-Pox Marks <u>None</u> Vaccination Marks { Arm Right Left Number <u>None</u> When Vaccinated last <u>never</u> (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection _____	Approved by <u>A. Gordon</u> Rank <u>Capt-Caval</u> M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unit</th> <th>EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>17/3/16</u></td> <td><u>✓</u></td> <td><u>G. T. Bedford</u> M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>14-2-16</u></td> <td></td> <td>M.O.</td> </tr> <tr> <td><u>24/2/16</u></td> <td></td> <td>M.O.</td> </tr> <tr> <td><u>7/3/16</u></td> <td></td> <td>M.O.</td> </tr> </tbody> </table>	Date	Fit or Unit	EXAMINED FOR RE-ENGAGEMENT,			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.	Date	Result	VACCINATIONS.	<u>17/3/16</u>	<u>✓</u>	<u>G. T. Bedford</u> M.O.			M.O.			M.O.	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>14-2-16</u>		M.O.	<u>24/2/16</u>		M.O.	<u>7/3/16</u>		M.O.
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Enlisted on 20th day of August 1915 at Winnipeg

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>61st Overseas</u>	<u>460008</u>		<u>20-8-15</u>
Transferred to.. ..	<u>P.P.C.L.I.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

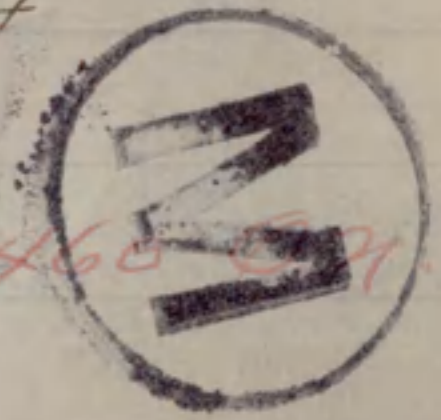
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

TLH Rank Name **ANDERSON, David.** Reg'l No. **460008.**
 Unit **61st. Battn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.** ✓
 Place and Date of Enlistment **Winnipeg, Aug 20, 1915.** Place of Birth **St. Andrews, Man**
 Name and Address, Next-of-Kin **David Anderson,** Relationship
St. Andrews, Manitoba, Canada.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to **N E R R Serial No 4**
 Relationship

NE RB NO
 File R.L.
 Category **K.A.**

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>		12 APR 1916	
<i>6/6/16.</i>	<i>61st Battn</i>	<i>S.O.S. drafted overseas to P.P.C.L.I.</i>	<i>Shorncliffe</i>	<i>6/6/16</i>	<i>Pt II Order #135</i>
<i>14 6 16</i>	<i>P.P.C.L.I</i>	<i>J. O.</i>	<i>Field</i>	<i>8.6.16</i>	<i>Pt II 24</i>
<i>29.9.16</i>	<i>Base</i>	<i>Reported killed in action</i>		<i>15.9.16</i>	<i>CL 460 051</i>
<i>25.9.16</i>	<i>P.P.C.L.I.</i>	<i>Killed in Action</i>	<i>- - -</i>	<i>15.9.16</i>	<i>Pt II 051</i>



MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 15m.—3-16.
 H. Q. 1772-39-819.

386

WMS

To Whom *Mrs. D. B. Anderson*
 Address *St. Andrews,
 Manitoba.*

By Whom Assigned *Anderson David*
 Regtl. No. *460008*
 Rank *Pte.*
 Corps *61st. Battr.*

Rate $\frac{\$}{16} =$ **APR 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Casualties

*(20)
 Killed in action Sept 15/16
 BL 29/9/16 6/2*

1872
1873
1874

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 15m. 3-16.
 H. Q. 1772-39819.

Mrs. D. B. Anderson
 Sheet No. 2.

Name of Soldier Anderson David

387

PAYMENTS.

460008

61st Btn

L. L. Job 95618—M. & D. 6555.

Cancelled

Month.	Year.	Cheque No.	Amt.	Remarks.
			16 ⁰⁰	
April	1916	X 3292	16 -	
May		T 4409	16	
June		Q 8587	16	
July		G 8378	16	
Aug. ✓		A 11814	16	
Sept.		E 15132	16	
Oct.		E 19435	16	
Nov.		X 27191	16	
Dec.			1.12	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Account closed. bas.
516 to ady Spec. Reg. 9-11-16.
Killed in action Sept 15/16
Stop payment 1-11-16
3 M Oct 9-16
FX
APR 24/16
Please issue cheque
for Oct^r adjustment
Sp

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Surname
Anderson.

Christian Name or Names
D.

Reg. No.
460008

Rank
Plt.
Hospital

Unit
P. P. C. L. L.

Co.

Troop

Batty.

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action

Ret from base 15-9-16
Date

DISPOSITION

CL 29-9-16 - 2460

REMARKS

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

nr

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name Anderson. David. Rank Pte.

Reg. No. 460008.

Unit P.P.C.L.I.

25-a-660

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1916</i> <i>15/9</i>	<i>Killed in Action</i>			<i>100</i>	<i>109829/9/16</i>	

11/11

REGT'L No 460008

H. Q. FILE No. 649-

NAME Andersson David

RANK AND CORPS Pte. P.P. L.L.O. (From 61st)

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

01698

28-9-16

Killed in action, Sept. 15th 1916.

B2090a

25-9-16

" " " " "

Rouen

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 460111 Rep. from base

Killed in action 15-9-14

ANDERSON, ^{David} D. PTE. NO. 460008 649-B-1971. ✓

M

MEDALS. *Decorations*

The father, D.B. Anderson, Esq.,
P.O. Box 4,
St. Andrews, Man. Canada.

PLAQUES. *(Serial no. 760234.)*

The father, as above.

Scroll Desp. DEC 14 1920 Reqn. No. 74877

C OF S.

The mother, Mrs. Margaret Anderson,
P.O. Box 4,
St. Andrews, Man. Canada.

Plaque Desp. NOV 20 1921 Reqn. No. P18137

GB

Ⓜ

M 6989 - 3-2-20.

CS
2/2/20

Report		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.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
 					

Fill in Only.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-000.

CERTIFIED CORRECT
Canadian Board Office,
Westminster House,
Millbank, S.W.

*Book R-100
10/6/16*

Unit, Regiment or Corps 61st Overseas Battalion C.E.F.

Regimental No. 460008 Rank Pte. Name Anderson David
C. E. F.

Enlisted (a) Aug 20 1915 Terms of Service (a) 3 of war 6 mths after Service reckons from (a) Aug 20 1915

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Farmer

Report		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.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>Embarked. Halifax. April 17 1916.</i>			
		<i>Disembarked. Liverpool. " 11 1916.</i>			
		<i>Transferred P.P. C 27</i>	<i>France</i>	<i>6/6/16</i>	
<i>20/9/16</i>	<i>C.P. Bath</i>	<i>Killed in Action</i>	<i>Field</i>	<i>15/9/16</i>	<i>File K.I. 137/1071 P.T.O. No 57d 25/9/16</i>
					<i>Lieut. Colonel Comd'g 61st Battn.</i>
					<i>Lieutenant for Lt Col. A. A. G.</i>

(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. [P.T.O.]

16/5/38

Anderson David

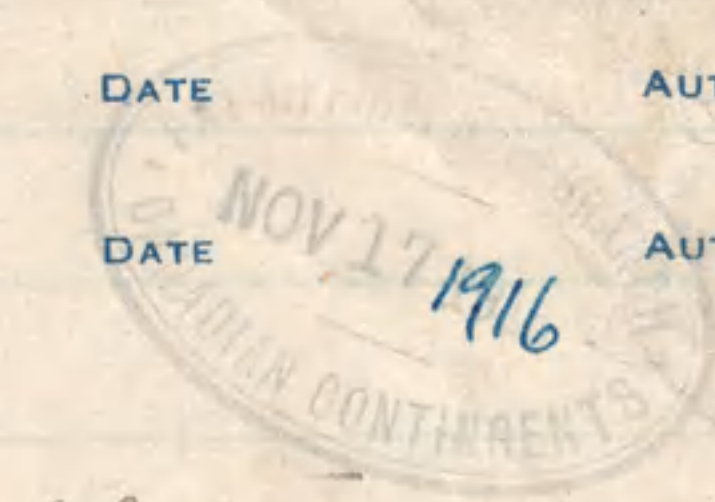
460008

MARRIED OR SINGLE *B.*
PLACE OF BIRTH *St. Andrews, Man. Canada*
NAME AND ADDRESS OF NEXT OF KIN *David Anderson*
St. Andrews, Man. Canada
RELATIONSHIP OF NEXT OF KIN
NAME AND ADDRESS OF NEXT OF KIN
RELATIONSHIP OF NEXT OF KIN
SEPARATION ALLOWANCE MONTHLY \$
EFFECTIVE (DATE)
PAYABLE TO
RELATIONSHIP OF DEPENDANT

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in Action</i>	<i>15.9.16</i>	<i>C.P.A. 46</i>

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
---------------	-----------------	----------	------------------

REG'L. No. *460008* RANK *Pte.* NAME *Anderson, David*
IF IN PERM. CORPS | WHAT UNIT *61st Batt.* TRANSFERRED TO *P.P.L.I.* DATE *5-6-16* AUTHORITY *30135 6-6-16*
PERMANENT FORCE ALLOWANCES TRANSFERRED TO
PLACE OF ATTESTATION *Winnipeg* TRANSFERRED TO
DATE OF ATTESTATION *20th August 1915* TRANSFERRED TO
ASSIGNED PAY MONTHLY \$ *16.00* DATE EFFECTIVE *1-4-16* *J.P.L.*
PAYABLE TO *Mrs. D.B. Anderson. St. Andrews. Man* RELATIONSHIP *Entered on N.E. Card Index.*
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *2.10.16* EFFECTIVE *1.10.16* REASON *Killed in Action. B.L.A.No. 29/16*
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *16/9/16*
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Checked to Ross.

Checked *Attendant*

D.E. Mech. 1917.

effects *nk.*

Statement of Feb 17 1917 Account rendered

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT																									
1916															1910																							1910															
<i>1-20</i>															<i>33</i>	<i>1</i>	<i>15</i>	<i>76</i>	<i>30</i>				<i>2434</i>	<i>730</i>	<i>16</i>												<i>4764</i>	<i>446</i>															
<i>4-16</i>	<i>30</i>	<i>100</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>							<i>3410</i>	<i>109</i>	<i>15</i>	<i>113</i>	<i>30</i>				<i>730</i>	<i>730</i>	<i>16</i>													<i>3060</i>	<i>796</i>															
<i>1-5-16</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>310</i>							<i>550</i>								<i>3164</i>	<i>1461</i>	<i>16</i>												<i>16</i>		<i>254</i>															
<i>1-5-16</i>	<i>5</i>		<i>5</i>		<i>5</i>		<i>50</i>							<i>2750</i>																									<i>2496</i>														
<i>1-16-30</i>	<i>25</i>		<i>25</i>		<i>25</i>		<i>250</i>							<i>2750</i>								<i>3448</i>	<i>730</i>	<i>16</i>															<i>1948</i>	<i>3958</i>													
<i>July</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>310</i>							<i>3410</i>	<i>229</i>	<i>16</i>					<i>349</i>	<i>348</i>	<i>16</i>															<i>2297</i>	<i>5071</i>														
<i>Aug</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>310</i>							<i>3410</i>	<i>241</i>	<i>16</i>						<i>174</i>	<i>349</i>	<i>16</i>															<i>2123</i>	<i>6248</i>													
<i>Sept</i>	<i>30</i>		<i>30</i>		<i>30</i>		<i>3</i>							<i>33</i>	<i>256</i>	<i>16</i>								<i>16</i>																<i>2123</i>	<i>6248</i>												
																																												<i>2123</i>	<i>6248</i>								
																																														<i>3250</i>	<i>2998</i>						
																																															<i>1650</i>	<i>2998</i>					
																																																			<i>2998</i>		

Cal. 31-3-16

Canada

Pay re. accrued 14/9/16 - 30/9/16

To Canada for full