

Return Address:

Name/Nom

Street/Rue

City, Province/Ville, Province

Postal Code/Code Postal

Telephone ### Telephone

(Rank, Name, Initial, Last 3 SN / Rang, Nom, Initiales, 3 Dernier NS)

HMCS _____

PO BOX 99000 STN FORCES

HALIFAX, NS

B3K 5X5

CONTENTS:

Signature : _____