

Support our Troops 4210 Labelle Street, Ottawa ON K1A 0K2

Tel: 1-888-753-9828 Fax: 613-996-4207

Schedule A														
Surna	Given Name						Initial(s)							
CF One Number					Date of Birth									
IF MILITARY				1										
Rank Re		Reg For	g Force Reserves			Class	lass Service Number					r		
Enrolment Date			Contract End			nd Date			Release Date					
(dd/mm/yy)				(dd/mm/yy			(dd/mi				(dd/mm/yy)			
IF NOT MILITARY														
State relationship to the CA	AF Member													
							Yes	No		Dov	Month	Year		
Have you ever voluntarily filed for protection under the Bankr				l Insolv						Day	WIGHT	Tear		
(assignment in bankruptcy, c Are you awaiting discharge fr					<u> </u>									
of debts program?														
Are you in the process of bein	you conter	mplatir	ng taking											
your release within the next 6 months? MARITAL STATUS														
Single Married	Common-Law	□ Se	parated	П	Divorced	П	Widov	,	1					
SPOUSE'S INFORMATI			paratoa	ш	Divoloca	Ш	***************************************	<u> </u>	J					
Surna				Giv	en Name						Initial(s)			
CF One Number (if applicable)								Date of Birth						
IF MILITARY														
Rank					Service Number									
CONTACT INFORMAT	FION													
Mailing Address			City			,			nce		Postal Code			
				•										
Home/Cellular Phone			Applicant W			ne				Spou	se Work Pho	ne		
1.0			Applicant Work Fire				, openie 1101111 110110							
Applicant Email				1					Spouse Email					
Applicant Linan									Spouse Linaii					
PARTICULARS OF PI	ERSONS RESID	ING IN	HOUSE	HOLE	D									
Name Relationship to Applicant				f Birth			Other comments if required							
						_								
DISCLOSURE & AUTH														
I hereby verify that all of the info also confirm that I consent to th deemed necessary for the sole Troops Funds and that no other Act and Privacy Act.	ne collection, disclosure purpose of assessing in	e and sharir my request	ng of person for this app	nal fina olication	ancial informan, and for all	tion bother p	y SOT au purposes	ithorize associa	d persor ated with	nnel/SISIF the admi	PFCs/Chain of nistration of the	Command as Support Our		
SIGNATURE(S)														
Applicant Signature			Date		Spous	nature					Date			
(Ce formulaire est disponible en français)							Protected "B" (when completed)							