FIRST SCHEDULE.

NEW ZEALAND EXPEDITIONARY FORCE RESERVE.

Name of County in which abode situated: _____

ENROLMENT-CARD.
(Please write clearly and distinctly.)

1. *Name (In full)*—
Surname: _____
Christian name: _____

Address (In full)—
Place of residence: _____
Place of business or employment: _____

2. A. State whether single ("S."), married ("M."), widower ("W."), divorced ("D."), or judicially separated ("J.S."): _____
B. State number of persons dependent on you: _____ (Give particulars on other side.)
C. If married, state—
(a) Place where married: _____
(b) Year and date of marriage: _____

3. A. Date of birth: _____ Age last birthday: _____ years.
B. State country of birth of (a) Yourself: _____ (b) Your father: _____ (c) Your mother: _____

4. Are you a natural-born British subject? _____

5. A. What is your present occupation? _____
B. Technical and professional attainments (if any): _____
C. If employed, state name and business of employer: _____

6. A. State (a) Height: ___ ft. ___ in. (b) Weight: ___ st. ___ lb.
B. If suffering from blindness, deafness, loss of limb, or other physical infirmity, give particulars: _____

7. If you have had military training at any time, state—
(a) Arm of service: _____ (b) Rank held: _____
(c) Total length of service in all capacities: _____

PARTICULARS AS TO PERSONS DEPENDENT ON YOU.

Name and Address.	Age.	Occupation (if any) or Condition (*e.g.*, retired, Old-age Pensioner, Apprentice, Invalid, or as the case may be).	Relationship (*e.g.*, Wife, Son, Mother, or as the case may be).	Whether wholly or partially dependent on you.	In Case of Partial Dependants, Extent of Dependency per Annum. £	Other Income (if any) of Dependant per Annum. £

I CERTIFY that the particulars given in this schedule are correct to the best of my knowledge and belief.

Place and Date: _____ *Signature*: _____

SECOND SCHEDULE.

[Form M.S.A. 3.

_____ DIVISION. MILITARY SERVICE ACT, 1916. DISTRICT No.

CERTIFICATE OF ENROLMENT.

Name in full { *Surname*: _____ *Christian name*: _____

Occupation: _____

Address: _____

THIS IS TO CERTIFY that the above-named, whose signature appears in the margin, has been duly enrolled in the New Zealand Expeditionary Force Reserve created under the above Act.

Signature of Reservist: _____

Date: _____

Government Statistician.

J. F. ANDREWS,
Clerk of the Executive Council.

Additional Regulations under the War Regulations Act, 1914.

LIVERPOOL, Governor.

ORDER IN COUNCIL.

At the Government House at Wellington, this twenty-eighth day of August, 1916.

Present:
HIS EXCELLENCY THE GOVERNOR IN COUNCIL.

WHEREAS it is desirable for the encouragement of recruiting in the Expeditionary Forces raised for service in the present war that a distinctive badge should be issued to and worn by