

DEPARTMENT OF DEFENCE.
DEPARTEMENT VAN VERDEDIGING.

RECORD COVER.
REKORD OMSLAG.

War Record
Oorlogsregis

File No. W.R.
Leer No. W.R.

80777

NAME: SEKELE
NAAM:

Pick

Sub-Files/Sub-Lêer:

War Records/Oorlogsregisters

CAMPAIGN MEDAL

Unit/Eenheid.

Clinical/Klinies.

Welfare/Welsyn.

Release/Vrystelling.

Casualty/Ongeval.

Estate/Boedel.

Returned 13/4/54
DATE OF RECEIPT
DATE OF RECEIPT

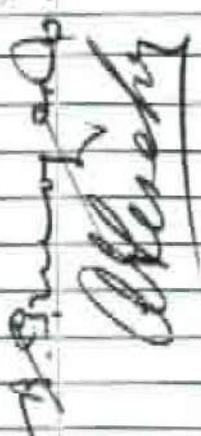
ENTITLEMENT FINANCED AND
ENGRAVED
ENGRAVED

DEPT. OF DEFENCE

ANNEXURE TO FORM D.D. 873 (Native). (DISCHARGED PERSONNEL)

N 80777

REGISTRATION No. _____

Regimental No. N. 80777		Name SEKELE PIET			
Native Military Corps N.M.C.		A.G. Authority NWR/CM/N			
Awards Provisionally Approved.	Class.	Verified by.	Checked by.	Ribbons Distributed by.	Date.
1000-10-01-15					
1000-10-01-15					
1000-10-01-15					
1000-10-01-15					
1000-10-01-15					
WAR MEDAL (1000/45).....					
AFRICA SERVICE MEDAL.....					
(Delete those not applicable.)					
Details of Issuance (if any):					
Entered in Central Register by _____ Date _____					



To **SEKELE PIET**
SOFCOHOORDT
SEKUKUNILAND.

A.G. War Records,
 N.M.C. BRANCH,
 HAMILTON STREET,
 PRETORIA.

GENTINGO, **Chief Skotolo.**

You have provisionally qualified to receive the undermentioned awards, the ribbons not attached have already been issued to you.

- WAR MEDAL (1939/45)**
- AFRICA SERVICE MEDAL.**

OFFICIAL STAMP
Adjutant-General, Authority for Issue.
NWR/CM/N. 80777.

With Greetings,

THIS DOCUMENT IS NOT VALID UNLESS IT BEARS THE OFFICIAL STAMP OF THE ADJUTANT-GENERAL AND IS SIGNED BY THE RESPONSIBLE OFFICER.

for _____
 Officer in Charge, War Records.

NATIVE COMMISSIONER....**SEKUKUNILAND.**

TAX IDENTITY No....**209/51/708.**

NATIVE MILITARY CORPS.

APPLICATION FOR CAMPAIGN MEDALS (1939-1945).

1939-45 Star	Africa Star	Italy Star	Defence Medal British	War Medal 1939-45	Africa Service Medal	Wound Stripes
Rank <u>Private</u> Surname <u>Christian</u> Christian Names <u>James</u>						
Regimental No. <u>1000</u>						
Permanent Home Address <u>12, ...</u>						

Date of attestation for full time service 1942-08

Tax Identity Number ... District ...

Chief or Headman ...

Date of Discharge 27/8/48 Section 47

Give full details hereunder of your service in the U.D.F. :-

Service rendered WITHIN the Union			Service rendered OUTSIDE the Union			
Name of Unit	From	To	Name of Unit Squadron, etc.	Name of Country	From	To

Were you wounded in action Yes Where ... When ...

Honours, Decorations or Mentioned in Despatches ...

Prisoner of War No

Present NATIVE COMMISSIONER ...

STATEMENT BY APPLICANT

I have already received the ribbons of the undermentioned awards. These ribbons were supplied to me by :-

- (Delete those not applicable):
- 1939-45 STAR.
 - AFRICA STAR (S) (R.R.E.)
 - ITALY STAR.
 - DEFENCE MEDAL.
 - WAR MEDAL.
 - AFRICA SERVICE MEDAL.

Signature of Applicant ...

Date ...

PLEASE READ NOTES OVERLEAF.

RECORD OF SERVICE - N.M.C. VOLUNTEER.

PART I. R & T WING.

No. *5060* Rank *PL* Name *PRO SEWNE*
 Home Address *PO Robert Hayes Park*
 Chief Headman Race *Irish* Age *42*
 Railway Station ~~*St. James*~~ R.M.S. Wait
 Nearest N.C./S.J.P. *Prichard* Marks or Scars Married
 Tax Identity No. *207/20/101* Height ft. ins. Build *Med*
 Number of Dependents *7* *wife & 6 children*
 D.N.E.A.S. Authority/V.1. *NPA 2940* dated *21-9-1945*
 Date of Strength *2-10-1945* P.I.O. No. *4616/45* dated *21-9-45*
 Promotions &/or Reversions
 Campaigns (this war) *Defence Medal* *Union only*
 Decorations (this war) Has not P.O.W.
 Attested at *Wid. R. H.* on *1-2-45* 194...
 Number of days between Attestation & date on Strength *974*
 Periods L.W.O.P., R.E.P. days. A.F.O.L. - Desertion days.
 (Less equal periods without pay) days.
 Detention - Civil Custody days. (without pay) days.
 Period of effective Military Service *974* days. Leave Accrued } *2-10-1945*
 expires on }
 Date of commencement of present engagement 194...
 (adjusted by periods without pay)
 Vacation Leave taken in present cycle days.
 Vacation Leave due in present cycle *NIL* days.
 P.H.S.L. due ex-North } Only in hospital-
 P.H.S.L. due ex-P.O.W. } vacation cases days.
 Total leave due on discharge *NIL* days.
 Completed by *[Signature]* Checked on *21-11-45* by *[Signature]*
 Date OFFICER I/C R. & T. WING.

PART II. MEDICAL WING.

Hospitalisation (with particulars of ailments and dates).
was chronic
 Medical Category on Attestation *A1* (C) Discharge *A*
 Nature of Disability (if any) (%)
 Date of submission of Pension Claim 194... Date finalised 194...
 Result of Pension Claim
 Date of Pension Appeal, if any 194... Date finalised 194...
 Result of Appeal, if known
 Completed by Checked on *21-11-45* by *[Signature]*
 Date OFFICER I/C PENSIONS SECTION.

RECORD OF SERVICE : N.M.C. VOLUNTEER.

PART I. R & T WING.

No. *2854* Rank *Off* Name *Mr. J. G. ...*
 Home Address *P.O. ...*
 Chief *...* Headman *...* Race *...* Age *...*
 Railway Station *...* R.M.S. Halt *...*
 Nearest N.O./S.F.P. *...* Marks or Seals *...*
 Tax Identity No. *289/2/111* Height *...* Build *...* Married *...*
 Number of Dependants *7 wife & 6 children*
 D.N.E.A.S. Authority/P.L. *NPS 29410* dated *21-3-1945*
 Date of Strength *2-12-1945* P.L.O. No. *16145* dated *2/4/1945*
 Promotions &/or Reversions *...*
 Campaigns (this war) *...* Union only
 Decorations (this war) *...* Was not P.O.W.
 Attended at *...* on *...* 194*...*
 Number of days between Attestation & date on Strength *974*
 Periods: L.W.O.F., R.S.P. *...* days, A.T.O.L. - Desertion *...* days.
 Detention - Civil Custody *...* days, Less total periods without pay *...* days.
 Period of effective Military Service *...* years Accrual expires on *...* 194*...*
 Date of commencement of present service *...* 194*...*
 (adjusted by periods without pay)
 Vacation Leave taken in present cycle *...* days.
 Vacation Leave due in present cycle *...* days.
 H.R.S.L. sup. efforts *...* days in hospital
 (H.R.S.L. due ex-P.O.W.) *...* days
 Total leave due on discharge *...* days.
 Completed by *...* Checked on *...* by *...*
 OFFICER I/C R. & T. WING.
 Date *...*

70
5 1/2



PART II. MEDICAL WING.

Hospitalisation (with particulars of ailments and dates).

was critical

Medical Category on Attestation *A1* On Discharge *A*
 Nature of Disability (if any) (%) *...*
 Date of submission of Pension Claim *...* 194*...* Date finalised *...* 194*...*
 Result of Pension Claim *...*
 Date of Pension Appeal, if any *...* 194*...* Date finalised *...* 194*...*
 Result of Appeal, if known *...*
 Completed by *...* Checked on *...* by *...*
 OFFICER I/C PENSIONS SECTION.
 Date *...*

RECORD OF SERVICE : N.M.C. VOLUNTEER.

PART I. R & T WING.

No: *1000* Rank: *Private* Name: *John Smith*
 Home Address: *123 Main St, London*
 Chief: Headman: Name: Age:
 Railway Station: ~~XXX~~ R.M.S. Halt:
 Nearest N.C./N.J.P. *Perth* Marks or Boars: Married
 Tax Identity No. *123456789* Height ft. ins. Build: *5-10 120*
 Number of Dependents: *wife & 2 children*
 D.N.E.A.S. Authority *N.A.S. 29410* dated: *21-9-1945*
 Date of Strength: *2-10-1945* P.L.O. No. *16/1675* dated: *24-9-45*
 Promotions &/or Reversions:
 Campaigns (this war): *France only*
 Decorations (this war): *None*
 Attested at: *Perth* on: *2-10-45*
 Number of days by: *774* on Strength: *774*
 Periods L.W.O.P., R.S.P., etc. Description: days
 Detention - Civil Custody: days
 Period of effective Military Service: *974* *2-10-1945*
 Date of commencement of present cycle: *2-10-45*
 (adjusted by periods without pay)
 Vacation Leave taken in present cycle: days
 Vacation Leave due in present cycle: days
 H.S.L. due ex-Narth: *Only in hospital*
 H.S.L. due ex-P.O.W. / ionation cases: days
 Total leave due on discharge: *NIL* days
 Completed by: *J. Smith* Checked on: *2-10-45* by: *[Signature]*
 OFFICER I/C R. & T. WING.
 Date: *2-10-45*



PART II. MEDICAL WING.

Hospitalisation (with particulars of ailments and dates).
non claimant
 Medical Category on Attestation: *A1* On Discharge: *A*
 Nature of Disability (if any) (%):
 Date of submission of Pension Claim: *1945* Date finalised: *1945*
 Result of Pension Claim:
 Date of Pension Appeal, if any: *1945* Date finalised: *1945*
 Result of Appeal, if known:
 Completed by: Checked on: *2-10-45* by: *[Signature]*
 OFFICER I/C PENSIONS SECTION.
 Date:

PART III. RE-INSTATEMENT & EMPLOYMENT WING.

1. Volunteer x (a) Has pre-enlistment employment with A.F.S. Pakistan at _____ OR, pre-enlistment occupation of _____ at _____ duly verified by me.
- x (b) Required employment and has been placed with _____ at _____
- x (c) Volunteer desires employment as _____ after a period of rest upon which he insists. He understands he must approach the D.S.D.C. within 6 months from date of discharge.
- x (d) Has own resources and does not require immediate assistance. He has been advised that should he require assistance or employment afterwards he should approach his local D.S.D.C. within 6 months from date of discharge.
- x (e) He applied for assistance and the result is as reflected in his Volunteer's Identity Book (D.G.D.30) at _____
- x (f) Discharged "WITH/WITHOUT BENEFITS", NIL

2. Economic position General Duties
3. Education NIL 4. Service Occupation 6
5. Pre-enlistment Employment Labourer 6. Post Discharge Employment _____
7. Immediate grant _____

8. Application referred to D.S.D.C. on _____ 1945

9. U.D.F. Driver's license No. _____ Issued to Volunteer/Left _____

10. Remarks Gratuity NIL Part through

Completed by [Signature] OFFICER I/C R.A.E. WING.

Date 2/1/45 1945

PART IV. DISCHARGE WING.

Discharged "WITH/WITHOUT BENEFITS" in terms of Sec. 47(7) M.E.S.S. Regs.

Identity Book No. PS 2831 Invalidity Badge No. _____

Cash Allowance paid 6 Civilian Clothing INSURED/NO

Left Dispersal Depot on 21/01 1945 and granted _____ days T/Time _____

Last day in U.D.F. 21/01 1945 11.G.No. 161/45 dated 21/01 1945

Completed by [Signature] OFFICER I/C DISCHARGE WING.

Date 2/1/45 1945

A.F.S. W'K LOOF
16/45

DISCHARGED

Dept. No. **80604** **Sekole**

City of Origin **Pict**

Service No. **1014** Name: **Thomas Sekole**

Address **Post. Piquette Station, P. O. Roberts District.**

Date **2-10-1945**

Assignment **1/6 p.m.** Tax Id. No. **12285013**

Previous **Sec** Title **Police**

Exp. **2/3 p.m.** Date **D.R.** Next P.T. Date **1/1/45**



- 12/20 1943 as Special Inspector
- 12/20/43 Promoted to Senior Sergeant for Training Det. 23 H. 12/20/43
- 11/1/43 Promoted to Senior Allowance for Training Det. 23 p.m.
- 6/1/43 - 25/11/43 on leave 23 p.m. 17/4/43
- 1/11/43 Promoted to T. Capt. 23 p.m. 18/2/43
- 8/12/44 - 28 5.44 on leave 23 p.m. 7/1/45
- 18-5-1944 11 O.T.U. 20 p.m.
- 3/3/45 to 25/3/45 on leave & P.O. 11 O.T.U. 12/45
- 19.9.45 A.F.S. Waterloof. 11 O.T.U. 23/45
- 2 O.T.U. P.L.E. 15/4/45

AFRICA SERVICE MEDAL

2.10.45 Rations lodging allow. with contribution.

A.F.S. 10/11/45

Regt. No. **80604** Surname **Sekole**

SENT TO RE-EMPLOY

Christian Names **Piet**

ON REDUCTION OF ESTABLISHMENT

Next of Kin **Mrs. Miriam Sekole**

Date **2-10-1945**

Address **Mrs. Miriam Sekole, P.O. Box 111, ...**

Allotment **1/6** Tax Id. No. **122830/33**

Headman **...** District **...**

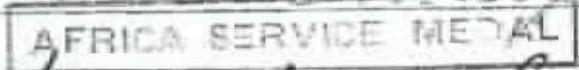
Pay **2/3** p.d. Relg **D.P.** Rank **PTE.** Date Etc **1/2/43**

1/2/43 - 15/2/43 Transfer from ...

1/2/43 - 25/11/43 ...

8.12.44 - 28.5.44 ... Leave

19-5-1944 ... O.T.U. 2 ...



5/3/45 to 30/3/45 ... Mac. leave & R.O. ... O.T.U. 33/45 ... A.F.S. WATERLOO ...

2.10.45 Rations & lodging allow. withdrawn ... } A.F.S. WATERLOO



NOTES

1. Fill in form in block letters (except your signature).
2. Do NOT send reminders, it may be some time before your ribbons are despatched.
3. Your statement will be carefully checked. Incorrect information will delay your claim.
4. Do not apply for individual medals. Your service will be reviewed and the ribbons you are entitled to receive will be forwarded to you as soon as possible.
5. Be sure that your regimental number is CORRECTLY quoted. If you are unable to remember exact dates insert the word "approximately" where necessary.
6. Do NOT send your "Discharge Certificate" or any other documents with this application.
7. Post this form to A.G., WAR RECORDS, N.M.C. BRANCH, HAMILTON STREET, PRETORIA.
8. Fold the form as indicated on back hereof to avoid use of envelopes.

	<p>FIRST FOLD.</p> <p>SECOND FOLD.</p> <p>THIRD FOLD.</p> 	
<p>INSERT THIS FLAP.</p>	<p>O.H.M.S. A.G. (WAR RECORDS), N.M.C. BRANCH, HAMILTON STREET, PRETORIA.</p>	