(*a.*) Applicants who have already received an allowance which has not been sufficient to remove hardship during military service, either by reason of an inadequate amount or by being paid for a portion only of the period of military service under limitations imposed by previous orders, may apply or their cases to be reconsidered.

(*b.*) The Soldiers' Financial Assistance Board will investigate each application and recommend whether an allowance should be granted to those who have not applied for or received an allowance, and to what extent, or whether the allowance should be increased in the case of those who received an inadequate amount previously, or whether the period in the latter case should also be extended.

(*c.*) Payments will be made by the Officer in Charge War Expenses according to the recommendation of the Soldiers' Financial Assistance Board within periods of service from the beginning of the war. The rate available for issue will be governed by the extent of the pre-enlistment support of the soldier less any allotment of pay made by him to or or the dependant, with a maximum of 3s. per day for each dependant, and less any payments already made under previous authorities.

(*d.*) Pre-enlistment support will not be insisted upon in cases where circumstances have changed since the soldier's enlistment by reason of which the soldier became responsible for the full or partial maintenance of a widowed mother or other dependants. Each case will be considered on its merits by the Soldiers' Financial Assistance Board.

12. None of the allowances authorized in this order can be claimed as a right, but are issued at the discretion of the Minister of Defence.

RETROSPECTIVE PAYMENT TO MEMBERS OF THE NEW ZEALAND EXPEDITIONARY FORCE WHO RECEIVED TERRITORIAL RATES OF PAY FOR FIRST MONTH IN TRAINING CAMPS.

14. In cases where members of the New Zealand Expeditionary Force (including Foreign and Home Service Branches) received Territorial rates of pay during the first month in training-camps in New Zealand, their pay will be made up to the Expeditionary Force rates in force at the time from the date of first issue of military pay. For the purposes hereof the provisions of paragraph 3 shall apply to those portions of the New Zealand Expeditionary Force mentioned therein. Payment will be made by the Officer in Charge, War Expenses, Wellington, on application only.

ALLOWANCES TO NEW-ZEALANDERS WHO HAVE SERVED WITH IMPERIAL NAVAL AND MILITARY FORCES.

15. In the case of persons domiciled in New Zealand who have served in the Imperial Naval and Military Forces during the war, the difference between the Imperial rates of pay, allowances, and gratuity and the New Zealand rates for the same for equivalent ranks will be paid, less any amounts already received under previous authorities. For the purposes of such payment the pay of a private or equivalent rank in Imperial Forces shall be taken to be one shilling and sixpence per day. Applications should be made to the Paymaster-General, Treasury, Wellington, who will arrange payment.

[SPECIMEN OF APPLICATION FORM.]

Specimen signature | Specimen signature.

[*Space here for P.O.S.B. deposit slip.*]

E.F. Pay Form 192.]

NEW ZEALAND EXPEDITIONARY FORCE.

No.

OVERSEAS WAR-SERVICE GRATUITY.

(For instructions see paragraphs 14 and 15.)

Regtl. No.: . Full name of soldier: [*Surname and Christian names*]. Rank:

To the Officer in Charge War Expenses, Wellington.

I hereby make application for Overseas War-service Gratuity as a member of the New Zealand Expeditionary Force. In the spaces provided for above please find specimens (two) of my ordinary signature. Please pay to my credit.

Strike out the lines which do not apply.
(*a.*) My Post Office Savings-bank account No. is at [*Place*].
(*b.*) I have no Post Office Savings-bank account or any other bank account.
(*c.*) My current account is with the Bank of at .
(*d.*) I have an account with the private Savings-bank at .

Embarked on (date): [*If more than one embarkation, please specify*] with { Main Body. / Reinforcements.

Full postal address: .

Date: . Signature of applicant:

Spaces below to be filled in by Pay Office.

Cause of discharge: .

Service—

From to

Deductions (if any):—

From to

	Number of Days.
Net total of days	
Less overpayments or debit balance in pay account (if any) ...	
Net amount payable	

By Authority: MARCUS F. MARKS, Government Printer, Wellington.—1919.