



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6197 Name Walter Wiseman Col C

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Walter Wiseman
- 2. What is your full Address? 2. Delly Cove
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 24 Years Months
- 5. What is your Trade or Calling? 5. Waterman
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service?.. 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. Name Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Walter Wiseman do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Walter Wiseman SIGNATURE OF RECRUIT.
W. Coughlan Signature of Witness.

Walter Wiseman do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit was made and signed the declaration and taken the oath before me at Delly Cove on this 27th day of September 1915
Signature of Attesting Officer Robertson

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st
If enlisted by special authority, such will be attached to the original attestation.
Date SEP 27 1915 1915
Place ST. JOHN'S
Robertson MAJOR. } Approving Officer.
The Royal Newfoundland Regiment.
St. John's, Nfld.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

6197

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Walter Wiseman

Apparent age 29 years — months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Wiseman
Delby's Cove B | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged Jan'y 27/19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " [" "] " " "

C.R. 6197

Extract from Daily Orders Part 11 Unit The Royal Rifles
Regt., St. John's, Jan. 27th, 1919.

The Discharge of the Undernoted on Demobilization has been
confirmed by Officer L.-J. [unclear] from noted date.

6197 Pte. Walter Wiseman.

27-1-19.

C.R. 6197

Extract from Medical Board held on Thursday December
26th, 1918.

6197 Pte. W. Wiseman.

Recommended Discharge as Permanently Unfit.

6197

C.R.

Extract from Daily Orders part II, depot St. John's dated
December 26th., 1918.

61

#6197 Pte. W. Wiseman

Discharged from Barracks Hospital 24-12-18.

C.R. 6197

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, Dec. 17th, 1918.

6197 Pte. W. Wiseman.

Admitted to Barracks Hospital 15-12-18.

C.R. 6197

Extract from Daily Orders part 11, Depot St. John's
dated Sept. 28th., 1918.

#6197 Pte. W. Wisman.

Attested for General Service with the Newfoundland Regiment
25-9-18.

C.R.

6197

Extract of Daily Orders Part II, Dated Jan. 3rd 1919.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot on noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

6197 Pte. Walter Wiseman.

Discharged 30-12-18

Wiseman, Walter

6197

Ray Sept.

Wiseman, Walter

6197

Ray Sept.

January 27th., 1919

#6197 Pte. Walter Wiseman,

Belby's Cove, T.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.753."

Yours faithfully,

Captain,
Paymaster & O. i/c Records

Enc 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6197 Rank Pvt. Name Walter Wiseman
 Intended place of residence Dellys Cove I. Bay
 2. Occupation fisherman
 Classification of soldier B Medical Category F

DEMobilIZATION

3. The above named man is discharged in consequence of.....

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place DEC 28 1918
 Date DEC 28 1918 W. H. East Capt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St Johns Walter Wiseman
28-12-18 Signature of soldier
W. H. East Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date Dec 28th 1918 Walter Wiseman
St Johns Signature of soldier
J. Raymond Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 26. 9. 18 No of days on Military
 Discharged from service 30-12-18 plus 28 days Service 124 Days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S R. H. East Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date DEC 30 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St Johns, Nfld W. Howley Capt.
 Date January 27/1919 Officer in Charge Records
 The Royal Newfoundland Regiment

28 B 20794 75-3

5
20
31
31
27
u 4

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6097 Rank Plt Name James Walter
 Date of Enlistment 26.9.18 Address Delroy Lane District County E
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Pltty proftr Disability Rating 40 to 70
Pension " nil
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W-3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	B 1915	2	do 2nd	" 3	3
B 179	2 D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	1			

Date 27.12.18

Walter Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Walter mesman

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) Clothing Supplied

Date 28.12.18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 429 to his home at Dallage Cor and Release Certificate No. 653 issued.

Date 28.12.18 C. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 31-1-19

Date 1/1.12.18 W. H. W. Capt.
Depot Paymaster.

Discharge approved for 30.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1	1 2 2 1 1 1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....		
B 178a.....	D 400A.....	B 1915.....	2	do 2nd.....	" 3.....		
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....		
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....		
B 179b.....	B 103.....	ME 2.....			" 6.....		
B 179c.....	B 120.....	M 93.....	1				

Date 28.12.18 C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 30 1918

Date R. H. Sait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Jan. 6/1919

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname Whearman Christian Name Walter

Table I.—GENERAL TABLE

Birthplace :—Parish		<u>Dalrymple Cove, N.S. County</u>		<u>Newfoundland.</u>	
		<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
Examined	on <u>26</u> day of <u>Sept</u> 191 <u>8</u>	on	day of	191	
	at <u>St. John's.</u>	at			
Declared Age	<u>24</u> years	days	years	days	
Trade or Occupation	<u>Fisherman</u>				
Height	<u>5</u> feet <u>7 1/2</u> inches		feet	inches	
Weight	<u>126</u> lbs.			lbs.	
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches	
	Range of Expansion	<u>5</u> inches		inches	
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Number				
When Vaccinated					
Vision	R.E.—V=	<u>6/2</u>	R.E.—V=		
	L.E.—V=	<u>6/2</u>	L.E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)		
(b) Slight defects but not sufficient to cause rejection	(b)		(b)		
Approved by (Signature)					
(Rank)		Medical Officer		Medical Officer	
Enlisted	at	<u>St. John's</u>	at		
	on <u>28</u> day of <u>Sept</u> 191 <u>8</u>		on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.	
Joined on Enlistment	<u>Royal Nfld. Regt 6197</u>				
Transferred to					
Became non-effective by	on	day of	191	on	day of
(Signature)					
(Rank)					

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work at Fishing

Walter Murreman

Signature of Man.

C. S. Dinko Capt

Reg. No.

6197

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

Dec 28th

191*8*

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work at Fishing

Walter Murreman

Signature of Man.

C. S. Dinko Capt

Reg. No.

6197

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

Dec 28th

191*8*

91

Trinity

400A

The Royal Newfoundland Regiment

Class for Demobilization
B

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28-11-18

Regimental No. 6197

Name Wiseman Walter (Pte)

Address Delbys Cove Trinity Bay

Present Medical Category A# E

Recommended for:— (a) ~~Immediate discharge~~
(b) ~~Standing Medical Board~~ Standing med Bd

R. J. [Signature]
O.C. Discharge Depot.

Members of Board } [Signature]
Senior Medical Officer

[Signature]
M. O. Depot



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Wiseman Walter*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6197.*
 Intended address *Dalrymple Cove S.D.*
 Height on discharge *5 Feet 7 1/2 in*
 Color of hair on discharge *Light Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father *Job*
 Christian name of Mother *Mary Jane.*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Dalrymple Cove S.D. 15th August 1894*
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Walter Wiseman*

Station *St Johns*


Date *December 12 1918* ^{*pte*} (Rank)

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Richard [Signature]
 Medical Officer i/c Hospital,
 Unit, or Command Depot.

Station *St Johns*

Date *12th Dec 1918*


Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **St. John's**
 Date **December 23rd., 1918**

- | | |
|-----------------------------------|--|
| 1. Unit Royal Newfoundland | 5. Age last birthday 24 |
| 2. Regimental No. 6197 | 6. Enlisted on 25 Sept. 1918 |
| 3. Rank Private | at St. John's, Nfld. |
| 4. Name WISEMAN WALTER | 7. Former trade or occupation Fisherman |

8. Disability **TACHYCARDIA**

9. History **Frequently on sick parade. Complaining of indigestion**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General condition fair. Complains of pain and discomfort after eating. Heart rapid P. R. 140. No murmur. Lungs normal

11. Was sanatorium advised and refused? **No**
operation

12. Do you recommend discharge as permanently unfit? **Yes**

Signature (Sgd) ARCH C. TAIT

Rank or Qualification FOR M.O. DEPOT

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—
due to
(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Has been complaining for the past two years

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) **Nil**

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance **No** (b) Misconduct **No**
18. The refusal of operation is:— (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
retention in **Permanently Unfit**

Remarks if any:—

(Sgd) N. S. FRASER..... President

ARCH C. TAIT
Signatures.....

L. PATERSON, Major.....

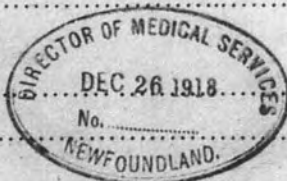
Place St. John's, Nfld.

Date Dec. 26th., 1918

APPROVED

Station.....

Date.....



(Sgd) CLUNY MACPHERSON, Major.....
Administrative Medical Officer

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Adgts on Sept 26 1918

- 1. Name Walter Wiseman Age (a) Declared 24
(b) Apparent Double with urine
- 2. Do you know of anything wrong with you?

What severe illnesses have you had? Pneumonia 10 years ago.

Eyes Blue
Comp Pain
Hands Scarred left eye.

619 1/2

- 3. Height 5 ft 7 1/2 Weight 126
- 4. Eyesight (a) Left 6/12 (b) Right 6/12
- 5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~
Measurement (a) Expiration 33 (b) Inspiration 36

7. Examination of Heart ~

8. Examination of Urine _____

9. Examination of Mouth—(Defective Speech)

Teeth
Throat
Nose
Ears (Otorrhea)
(Deafness)

10. Have you been successfully vaccinated, and when? No. Delays in U.S.

11. Name and address of next of kin Father Job.

REMARKS—

A 11

W. B. ...
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt

Number of Sheet

One

Signature of O. C. Company

C. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>1097</i>	Age on	<i>24</i> years <i>0</i> months	<i>Shakesman</i>	
Joined	<i>Seabird Colchester</i>	Place and Date of Enlistment	<i>St John's</i>	Religion	
Joined			<i>29.9.15</i>	<i>C of E</i>	
Joined		Period of	with Colours <i>171</i> years.	Place of Birth	
Joined			with Reserve <i>365</i> years.	<i>Dellys Cor. 50B</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>27</i>	<i>19</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6197 Rank Plt Name Wesement Walter
 Date of Enlistment 26.9.18 Address Delbys Lane District Trinity
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Bestly prof't Disability Rating 40% to Pension " nil
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	2	do 2nd	" 3	3
B 179	2 D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	1			

Date 27.12.18 Wesement Capt.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Walter Wesement

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 60.00
- (b) Clothing Supplied Joseph H. Snowling

Date 28-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 429 to his home at Dallay Cove and Release Certificate No. 653 issued.

Date 28.12.18

C. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 31-1-19

Date 28.12.18

W. H. W. Capt.
Depot Paymaster.

Discharge approved for 30.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	✓ 1	N.F. Med.	D.F. 1	✓ 1
E 178	W 3494	B 122		Board 1st	" 2	✓ 1
B 178a	D 400A	B 1915	✓ 2	do 2nd	" 3	✓ 2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	✓ 1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	✓ 1			

Date 28.12.18

C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records.
Board of Pension Commissioners.
with following additional documents.

DEC 30 1918

Date

R. H. Sait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Jan. 6/1919

M. Bowley Capt.
A. Y. R.

Reg. No. 6197 Rank Pte Name Wiseman Wm.
Attested 26-9-18 Address Bellis Cove
Allotment 60" Allottee (Father) J. C. Wiseman
Date of Allotment 1-11-1918 Returned from Overseas
Embarked for Overseas Cause

Vacc 27-9-18	2nd Lt. 25-10-18
15-12-18	Admitted to Darnley Hospital
26-12-18	Rec Discharge as Permanently Unfit
27-12-18	PASSED TO DEMOBILIZATION OFFICER DISCHARGE APPROVED ON DEMOBILISATION.
30-12-18	