

A1717
CANN
MALCOLM ANGUS

RCNR Aug. 41 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mr. John L. Cann - Father

ADDRESS: R.R. # 3,
YARMOUTH, N.S.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER deceased

ADDRESS:

MEMORIAL B R

(1)

DATE DESP

REGN. NO

669

(2)

(3)

D OF D 22-10-40

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D.
WAR SERVICE RECORDS

CANN

Malcolm Angus

A-1717

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

C.V.S.M. & Clasp

War Medal

Atlantic Star →

7594 - 23.11.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OCT - 6 1993

13 x

~~True Copy of the~~
CERTIFICATE of the Service of

Malcolm Angus C A N N
in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION	HALIFAX, Nova Scotia.	OFFICIAL NUMBER	A-1717
---------------	-----------------------	-----------------	--------

Date of birth 18th 18th May, 1921.

Where born { Town Yarmouth
County and province Yarmouth, Nova Scotia.

Usual place of residence RR# 3 Yarmouth, N.S.

Trade brought up to Seaman

Religious denomination United Church

Next of kin Father, Mrs. John L. same as above

Can swim

Man's signature on discharge to pension

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
	24th May, 1940.	Duration of Hostilities.		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy						
On advancement to man's rating, or on entry under 28 years	5	11 1/2	Fresh	Light Brown	Blue	Nil.
On re-entry for C.S. or for Non-C.S. after attaining 28 years						
Further description if necessary						

[illegible]

Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet[illegible]

[illegible]

F036872

123-6-225

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.

Name Malcolm Angus CANN
(Christian names in full)Rank of Rating Able Seaman (Temp) Official No. A1717
(If unknown, date of first entry)

Place of Birth Yarmouth, N. S. Date of Birth 18th May, 1921

Occupation in Civil Life Seaman Religion United Church

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 5 Months

Date of Death 22nd October, 1940 Place of Death At Sea

Cause of Death Lost in collision of H.M.C.S. MARGAREE
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name John L. CANN Relationship Father
Address RR #3 Yarmouth, N. S.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the
prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, accord-
ing to Nationality

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

If borne for discipline only, date D.S.Q. or invalided

COMMANDER R.C.N.
Commanding Officer,

8th November, 1940

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.In all cases this Form is to be sent in addition to the Report by Telegraph required by the
Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121
15M-7-40 (5849)
N.S. 815-9-1121

MAIN FILE	
CHARGED TO DNA	
SINCE 18.12.40	
REC'D. CENTRAL REGISTRY	
DEC 24 1940	
REFERRED TO	
N.A.R.	

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A 1717

OFFICIAL NUMBER

FILE NUMBER

123-C-225

OFFICIAL NUMBER.

A 1717

NAME.....	CANN	Malcolm Angus	DATE OF BIRTH.....	18 May, 1921
	(Surname)	(Given Names)		

PLACE OF BIRTH.....	Yarmouth, N.S.	OCCUPATION.....	Seaman
---------------------	----------------	-----------------	--------

RELIGION.....United Church.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. R.R. # 3, Town Yarmouth, Province, etc. N.S.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil)..... Father..... NAME (in pencil)..... W. J. John L. Brown.....

ADDRESS (in pencil): Street and No. _____ Town Dorchester, Dorsetshire Province, etc. W. S.

[illegible][illegible][illegible]

W. S. G.
APPLICATION
10550
RECEIVED

A 1717

OFFICIAL NUMBER

NAME.....CANN
(Surname)

Malcolm Angus
(Given Names)

OFFICIAL NUMBER..... A 1717

[illegible]

NAME IN FULL CANN, Malcolm Bruce RANK/RATING A-1

[illegible]

VERIFICATION FORM
STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
NAVAL GENERAL SERVICE MEDAL (1915).

.....RANK/RATING A-1 OFF. NO. 4-712 ADDRESS

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

464 ✓

15M—2-40 (4149)
N.S. 815-12-5

52562 JAM
PCH



MINISTER OF DEFENCE
JUN 15 1940
N.S. 123-C
CANADA

2

2

A1717

Single

PERMANENT ADDRESS		RELIGION
R.R. #3, Yarmouth, N.S.		United C.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
18th May, 1921.	Town Yarmouth County " Province N.S.	Mr. John L. Cann, (Father) R.R. #3, Yarmouth, N.S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet.....5.....	Inflated.....	Light Brown	Blue	Fresh	Nil.
Inches.....11½.....	Deflated.....				
.....	Mean.....36.....				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
24th May, 1940.	A.B. (Temp)	Seaman.			

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.
- ~~(b) That it is my intention to follow the calling of a Merchant, or of the sea, for a period of five years from this date.~~
- ~~(c) That it is my intention to follow the sea in a British ship for a period of five years from this date.~~
- Personnel Records
C M

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.
Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.
Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.
Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Personnel Records

1. ☐ above in Records EM

2. ☐ Index Card J

3. ☐ Non-Su. Card EM

(c) ☐ above Statistical Card EM

(b) ☐ above Fingerprint Strip

6. ☐ Pension Card

7.

8.

DATE 12-6-40

*Cross out
clause not
applicable.

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

~~(b)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.~~ Nil. ~~for the~~

Served in	Rank	From	To
 Nil.		

(6) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

AND/OR DURATION OF HOSTILITIES.

(a) To serve from the date thereof for five consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Registrar or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on Naval duty.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 24th day of May, 1940.

Malcolm Cann
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

I, Malcolm Angus CANN, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant: Malcolm Cann

Witness: A. C. E. J. J. J.

Date: 24th May, 1940. Rank: Lieutenant R.C.N.V.R.

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(D)

CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 24th day of May, 1940.

Lieutenant R.C.N.V.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

APPROVED:—
J. C. I. EDWARDS
Commander R. C. N.

EA

DEPARTMENT OF NATIONAL DEFENCE

NAVY ===== ARMY ===== AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVYDECEASED
MEMBER'S
NAMEMalcolm Angus
(CHRISTIAN NAMES)CANN
(SURNAME)REGISTER NO. 10550
FILE NO. NSA-1717
DATE 14 Jan. '46
SERVICE NO. A-1717
A.B.
FINAL RANK OR RATING 22 Oct '40
DATE OF DISCHARGE 22 Oct '40PAYEE
ADDRESSDirector of Estates
308 Sparks St.,
Ottawa, Ontariofor service Estate of
Malcolm A. Cann
N.S.A-1717
22 Oct '40

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 152 EQUAL TO 5 COMPLETE PERIODS AT \$7.50
30

\$ 37.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 70 LESS 2 INELIGIBLE DAYS, EQUAL TO 68 DAYS @ 25C. PER DAY

17.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY HLM \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$ NIL

TOTAL \$ 3.43 X 7 = \$ 24.01
NO. OF DAYS 70 X \$ 24.01
183

9.18

D. WAR SERVICE GRATUITY

63.68

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS

NIL

F. TOTAL AMOUNT PAYABLE

63.68

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

=\$ 63.68

Voucher 4793 - Feb. 15/46

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH
THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY

CHECKED BY

YN

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Malcolm Angus Cairn
11	Give the month and year of his birth.	May 18 th 1921
12	Where and when were his parents married?	Saint John 1919
13	Was he ever married? If so, state exact place and date of marriage.	— 36
14	Did he leave a (later) Will? If so, it should be forwarded.	—
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	

PARTICULARS OF DOMICILE

16	Where was deceased born?	Yarmouth N.S.
17	In what Province, Country or State did he reside, and in which last?	" " " "
18	How long in each?	
19	What was the nature of his employment?	
20	Did he own the house or homestead in which he lived? If so, where?	—
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	—
22	State <u>your</u> postal address in full.	R R #3 Yarmouth. N.S.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Lost at sea.
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

*Insert degree
of relationship,
for example
"Widow,"
"Father,"
"Brother," etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Father of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

John L Cann

{ Signature
of
Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief John Lovitt Cann

*See above { Name of Informant } is the * Father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Yarmouth.N.S. this 26th day of July 1941.

Signature of Clergyman
Priest or Magistrate

Arthur T. Stoneman

Qualification

A Justice of the Peace in and for the County
of Yarmouth, N.S.

Address Yarmouth.N.S.

NOTE—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

MEMORANDUM FOR

P. 64

Mr. John L. Cann.

R.R. #3.

Yarmouth, N.S.

Any further communication on this subject should be addressed to:—

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q.N.S. 123-C-225, FD 171

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 3, 1941

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

CANN, Malcolm Angus, A.B.,

No. A.1717, R.C.N.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Major,
Administrator of Estates.



STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....	—			
2	Children of the Deceased and dates of their Births.....	—			
3	Father of the Deceased.....	John Lovitt Cann	57	R.R.#3 Yarmouth.	
4	Mother of the Deceased.....	Deceased April 26/40			
5	Brothers of the Deceased	Full Blood	George Burton Cann	10	" "
		Half Blood	John Lynns Cann Hugh Bernely Cann	23 25	" " Canadian Army Overseas
6	Sisters of the Deceased	Full Blood	Shuley Rae Cann	17	R.R.#3 Yarmouth
		Half Blood	Lennie Augusta Cann Kady Elizabeth Cann	31 29	" " "
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

P 41861

APR 16 1941
N.S. 123-225
CANADA

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name... MALCOLM A CANN Rating... A.B.
Official No. A.1717 H.M.C.S. "MARGAREE" List... 5-2/71
Who* was "DD" on the 22nd October 19 40.

Net sum due on ledger on account of Wages..... \$ 19 cts. 27
Proceeds of sale of Effects charged against Wages, brought from the other side..... N I L

CASH—
Proceeds of sale of Effects, paid for in Cash, brought
from the other side.....
Found amongst Effects.....
Debts collected \$.....

\$	cts.
N	I L
N	I L
N	I L

Cash debited in the Accountant Officer's Cash Acct..... N I L
If in debt in ledger, amount to be stated (in red ink)..... N I L
Rate of allotment (in words) THIRTY & THREE charged to 31st October, 1940.
Name of ship from which transferred H.M.C.S. "MARGAREE"
Total† BALANCE CREDITOR..... 19 27 638

We hereby certify that we have every reason to believe that the above account contains a
true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S.
"MARGAREE" amounting to a net balance† CREDITOR
of -NINETEEN- dollars -TWENTY-SEVEN- cents.

Dated on board H.M.C.S. "STADACONA" at HALIFAX
NOVA SCOTIA this 25th day of MARCH 19 41.

Approved

FOR Accountant Officer
Paymaster Sub-Lieutenant, R.C.N.V.R.
Initials of the Assistant
Accountant Officer

J. E. Leigh Lt. VR Commanding Officer.
ACTING CAPTAIN, R.C.N.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the
King's Regulations.

C.N.S. 46

10m-10-40 (7450)
H.Q. N.S. 815-9-45

Ledger Fair
Rough

BM/LA

123-C-225

21 January, 1941.

24

Sir :

It will be appreciated if you will be good enough to inform me whether Mrs. J. L. Cann, the mother of the late Malcolm A. Cann, Able Seaman, Official Number A.1717, R.C.N.R., is living.

This information is desired in order that arrangements may be made to forward to her a Memorial Cross as a memento of her personal loss and sacrifice.

Yours truly,


(J. O. Cossette)
NAVAL SECRETARY.

Mr. John L. Cann,
R.R. No. 3, Overton,
YARMOUTH, N.S.

30

Ledger { Fair
Rough

STATEMENT OF ACCOUNT

29

True extract from the ledger of H.M.C.S. "MARGAREE" ending 31st October 1940

List 5-2 No. 71 (Name) CANN, Malcolm A. Rank Rating A.B. No. A-1717

When entered 1st Oct. Date of appearance 6th Sep. Whither discharged "DD"

							\$	c.
CREDIT from former account							NIL	
Pay as	A.B.	from	1st Oct.	to	31st Oct.	(31 days at \$1.85 a day)	57	35
	(Rank Rating)							
"	"	"	"	"	"	"		
"	"	"	"	"	"	"		
"	"	"	"	"	"	"		
"	"	"	"	"	"	"		
Kit Upkeep Allowance							3	33
OTHER CREDITS:								
H.L.M.							2	86
L.A.							3	50
Total credits							63	71
DEBT from former account							2	50
PAYMENTS:—	1st	2nd	3rd	4th	5th			
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month	8.94					Total	8	94
2nd month						Total		
3rd month						Total		
Allotment	OCTOBER						33	00
Pension deduction (Officers) charged to	NIL					of		
Hospital stoppages	NIL							
Mulcts	NIL							
OTHER CHARGES:	NIL							
Total debits							44	4
Balance Cr. Dr.							19	27
(Balance Dr. to be shown in red)								

Number of days actually victualled during period mentioned above 22

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	LENT	6th Sep.	30th Sep.	25	DRAKE

Date 1st April, 1941

B. M. Hatfield
for ACCOUNTANT OFFICER
PAYMASTER SUB. LIEUTENANT, RCNVR.