DEPOSITOR'S PASSBOOK
NAVCOMPT FORM 400 (REV. 2-69)

NO.

ACTIVITY *(Name and location)*

NAME *(Rank or rate)*

SERIAL OR SERVICE NO.

HOME ADDRESS

DATE	D/W NO.	DEPOSIT		WITHDRAWL		BALANCE		INITIAL	DATE	D/W NO.	DEPOSIT		WITHDRAWAL		BALANCE		INITIAL

FOLD IN

S/N 0104-LF-700-7101