

EVERSHEDS LLP ARCHIVING FORM

Please provide one form per Matter.

When filling out this form, please type or use block capitals.

PLEASE NOTE: If this form is incomplete or the matter files are not submitted in a condition which enables the Archiving teams to handle them, they may be returned to the Legal Adviser. It is extremely important that the information on this form is correct and suitable attention is given to packaging the matter files in an appropriate manner.

COMPLETE ALL SECTIONS

Client 145634 Client General Medical Council
 No: Name:
 Matter 25 Matter Barton
 No: Description:
 Billing Time Keeper: JonesPW
 Contact Name and Ext No:
 Additional Information:

SERVICE REQUIRED (tick one)

OPTION 1: CLOSED MATTER SUBMITTED FOR ARCHIVING (This is box ___ of ___)

OPTION 2: OPEN MATTER SUBMITTED FOR SAFE KEEPING (This is box ___ of ___)

For Option 1: Please attach a copy of the appropriate Automatic Closing Report from Elite

CERTIFICATE

This File has been checked carefully for original Title Deeds, Probates, Agreements and other documentation which ought to be preserved separately. Please submit these for safekeeping using the Deeds Storage procedure.

SIGNATURE: DATE: Code A 29. 01- 2007

(Legal
 Adviser)

PRINT DEPARTMENT:
 NAME:

CLOSED MATTER RETENTION PERIOD

Unless the Matter falls within one of the exceptions set out below, the File will be held in storage for a period of **10 years** from the date of closure. Upon expiry of this period the File will be destroyed without further review.

Please 10 years

Indicate -
 Chosen
 Retention
 Period

Record Type: **File - Standard**

FOR ARCHIVING USE ONLY

DATE CLOSED: DESTRUCTION DATE:
 DATE MATTER LOCATION REF:
 STORED:
 ARCHIVED BOX LOCATION REF:
 BY:

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COMPLETE ALL SECTIONS		
Client No: 145634	Client Name: Barton	General Medical Council
Matter No: 25	Matter Description: JonesPW	
Billing Time Keeper:		
Contact Name and Ext No:		
Additional Information:		
SERVICE REQUIRED (tick one)		
OPTION 1: CLOSED MATTER SUBMITTED FOR ARCHIVING (This is box ___ of ___)		
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SIGNATURE: DATE:	Code A	07. 02 - 2007.
(Legal Adviser)		
PRINT NAME:	DEPARTMENT:	
CLOSED MATTER RETENTION PERIOD		
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Please Indicate Chosen Retention Period	10	years
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Client No: 145634	Client Name:	General Medical Council
Matter No: 25	Matter Description:	Barton
Billing Time Keeper:		JonesPW
Contact Name and Ext No:		
Additional Information:		
SERVICE REQUIRED (tick one)		
OPTION 1: CLOSED MATTER SUBMITTED FOR ARCHIVING (This is box __ of __)		
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