

Bulk Storage Form

Secretary's Name: <u>Code A</u>	Secretary's Room No: <u>Manchester office</u>
Partner's Name: <u>Sarah Ellson/TET</u>	Date sent to Archives: <u>01.08.08</u>

Box Number:	X-Range – From:	To:
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Client & Matter Number:	Client Name:	Client Matter Details: (and any other information required for identification in the future)	File Review or Destruction Date:	X Number: (to be completed by File Room)
00492.15579	GMC	Dr Jane Barton:-		
		Medical records Box 6: Files 3,4 & 5		
		Medical records Box 9: Files 1,2 & 3		

(TAB THROUGH TO ADD MORE ROWS TO THE TABLE IF REQUIRED, DELETE SURPLUS ROWS)

ARCHIVES ONLY - Form completed on:	By:
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25-29 Harper Road , London Bridge , SE1 6AW Tel: 020 79405000 Fax: 020 79405089

DATE	AIR WAYBILL NUMBER
18-Nov-2015	 199431
WEIGHT	
192.00 kgs	
NUMBER OF PIECES	
16	

S H I P P E R	FROM	PHONE NUMBER	020 7861 4000
	FIELD FISHER RIVERBANK HOUSE 2 SWAN LANE LONDON EC4R 3TT UNITED KINGDOM		
	YOUR REFERENCE INFORMATION	ACCOUNT NUMBER	
	00492.16360 SLE/FZS	1032	

C O N S I G N E E	TO (RECIPIENT'S NAME/DEPT) : FAO: BEN HARTLEY
	GENERAL MEDICAL COUNCIL 3 HARDMAN STREET MANCHESTER M3 M3 3AW UNITED KINGDOM
	P.O. BOX ADDRESSES WILL REQUIRE RECIPIENT'S PHONE NUMBER PHONE/FAX NO.:
	UPON DELIVERY NOTIFY

DESCRIPTION OF CONTENTS 4 COPIES OF PROFORMA INVOICE REQUIRED FOR NON-DOCUMENT SHIPMENTS
Documents

S E R V I C E	UK ND by 12	V A L U E	VALUE FOR CUSTOMS 0.00 GBP CONSIGNMENT VALUE 0.00 GBP INSURANCE VALUE 0.00 GBP
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SHIPPER SIGNATURE (AGREEMENT TO CONDITIONS OF CONTRACT)	DRIVER SIGNATURE	TO BE COMPLETED ON DELIVERY BY THE CONSIGNEE	
		SIGNATURE	
		PRINT NAME	
DATE	TIME	DATE	TIME

THIS IS A NON-NEGOTIABLE AWB ISSUED SUBJECT TO THE COMPANY'S STANDARD TRADING CONDITIONS. A COPY OF WHICH IS AVAILABLE ON REQUEST.



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