Bulk Storage Form

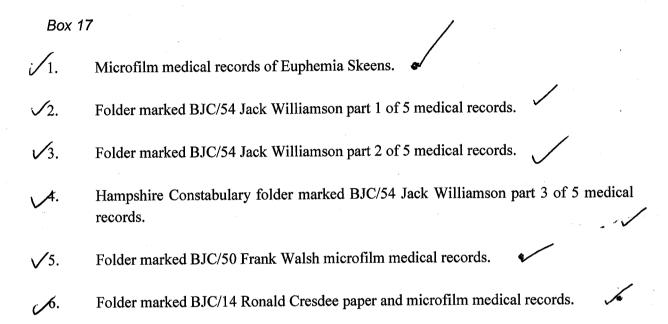
Secretary's Name: Partner's Name:		Code A	Secretary's Room No: Date sent to Archives:	PH03	
		SLE		07/05/08	
Box Number			X-Range – From:	То:	7.
DOX Humbon					
Client & Matter Number:		Client Name:	Client Matter Details: (and any other information required for identification in the future)	File Review or Destruction Date:	X Number: (to be completed by File Room)
00492.15579	Genera	al Medical Counci	Dr Barton – Box 17		
	-	✓	Microfilm medical records of Euphemia Skeens.		
		/	Folder marked BJC/54 Jack Williamson part t of 5 medical records.		
			Folder marked BJC/54 Jack Williamson part 2 of 5 medical records.		
		/	Hampshire Constabulary folder marked BJC/54 Jack Williamson part 3 of 5 medical records.		·
		/	Folder marked BJC/50 Frank Walsh microfilm medical records.		
		/	Folder marked BJC/14 Ronald Cresdee paper and microfilm medical records.		

ARCHIVES ONLY - Form completed on:

GENERAL MEDICAL COUNCIL

DR BARTON 00492.15579

SLE/TET



17

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: Code A 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 30 - 91 - 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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Matter 25 Matter Barton No: Description:						
Billing Time Keeper: Code A						
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SIGNATURE: DATE: Code A 07 - 02 - 2007						
(Legal Adviser)						
PRINT DEPARTMENT: NAME:						
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