

Bulk Storage Form

Secretary's Name:	Code A	Secretary's Room No:	PH03
Partner's Name:	SLE	Date sent to Archives:	07/05/08

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	General Medical Council	Dr Barton – Box 17		
		✓ Microfilm medical records of Euphemia Skeens.		
		✓ Folder marked BJC/54 Jack Williamson part 1 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.		

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

ARCHIVES ONLY - Form completed on:	By:
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GENERAL MEDICAL COUNCIL**DR BARTON 00492.15579**

SLE/TET

Box 17

- ✓1. Microfilm medical records of Euphemia Skeens. ✓
- ✓2. Folder marked BJC/54 Jack Williamson part 1 of 5 medical records. ✓
- ✓3. Folder marked BJC/54 Jack Williamson part 2 of 5 medical records. ✓
- ✓4. Hampshire Constabulary folder marked BJC/54 Jack Williamson part 3 of 5 medical records. ✓
- ✓5. Folder marked BJC/50 Frank Walsh microfilm medical records. ✓
- ✓6. Folder marked BJC/14 Ronald Cresdee paper and microfilm medical records. ✓

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 No: 145634 Client Name: General Medical Council
 Matter No: 25 Matter Description: Barton
 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 30-01-2007

(Legal Adviser)

PRINT NAME: DEPARTMENT:

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 Indicate Chosen Retention Period
 10 years

Record Type: **File - Standard**

FOR ARCHIVING USE ONLY

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

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COMPLETE ALL SECTIONS	
Client No: 145634 Matter No: 25 Billing Time Keeper: Contact Name and Ext No: Additional Information:	Client Name: General Medical Council Matter Description: Barton <div style="border: 1px dashed black; padding: 2px; display: inline-block; margin: 5px;">Code A</div>
SERVICE REQUIRED (tick one)	
OPTION 1: <input type="checkbox"/> CLOSED MATTER SUBMITTED FOR ARCHIVING (This is box ___ of ___) OPTION 2: <input type="checkbox"/> 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	
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07 - 02 - 2007

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