Bulk Storage Form

Secretary's Name:		Code A	Secretary's Room No:	Manchester Office	
Partner's Name:		Sarah Ellson	Date sent to Archives:	25 August 2009	
Box Number	a #		X-Range – From:	То:	
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)
Code A	SEE S	al Medical Council SEPARATE X ATTACHED - BOX	Dr Barton	N/A	•
(TAB THROUGH	l TO ADI	O MORE ROWS TO THE	TABLE IF REQUIRED, DELETE SURPLUS ROWS	3)	
ARCHIVES (ONLY	- Form completed (on: By:		
				•	

GMC- Dr Jane Barton

Index of Boxes for Archiving continued

Box 51

X Number

1.	Generic Case File –Police Statements (6) continued FFW file /
2.	Generic Case File (6) –FFW file
3.	Generic Case File 5 –FFW file
4.	Generic Case File 5(continued) –FFW file
5.	Generic Case File 4 –FFW file