



**TYPE OF TRANSFER**

- Temporary
- Return from Temporary Transfer
- Permanent
- Litigation Discovery

For the period from	YYYY-MM-DD	to	YYYY-MM-DD
Case Name			
Registry Number			

Notes (optional)

*It is the responsibility of the receiving office to confirm receipt of the listed files by signing and returning this form back to the sender.*

**From the care and custody of:**

Ministry	Division/Program		
Name	Position	Contact Number	
Address			

**Authorization to Transfer**

Name	Signature	Date
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**To the care and custody of:**

Ministry	Division/Program		
Name	Position	Contact Number	
Address			

**Confirmation of Receipt**

Name	Signature	Date
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**Inventory Transfer**

CRMS	From Org Unit	To
EDRMS	Record Type	To
LAN Path	Current	New

