FP10 PRESCRIPTION FORMS

(Medicines Management Reference MO3)

Policy
1. INTRODUCTION

1.1 NHS prescriptions for dispensing in primary care must be written on the official NHS Prescription form denoted with the code “FP10”. FP10 prescriptions are subject to extra security arrangements.

1.2 FP10 prescription forms are purchased by the Trust for prescribing medication to be dispensed by community pharmacies.

1.3 FP10 prescription forms are controlled stationery and must be ordered, received and issued against strict procedures.

1.4 Prescription form theft and misuse is an area of serious concern as these forms can be used to obtain drugs illegally, including controlled drugs (CDs), for misuse.

1.5 As well as the serious medical problems that can be caused as a result of stolen prescription forms being used to obtain drugs illegally, the theft of prescription forms also has a financial impact for the Trust.

1.6 The purpose of the policy is to have effective and secure procedures in place, ensuring there is an audit trail for the management of FP10 prescription forms throughout the Trust.

1.7 The policy sets out the framework for the secure management of FP10 prescription forms.

1.8 The policy ensures that appropriate procedures are in place for the immediate reporting of any loss or theft of prescription stationery and staff are aware of what action they need to take if this occurs.

1.9 The policy applies to all Trust staff involved in the ordering, receiving, storing of FP10 prescription forms.

2. DEFINITIONS

2.1 FP10 – prescription forms used in the Trust. FP10 prescription forms that may be used are FP10HNC, FP10SS, FP10MDA and FP10PN forms.

2.2 CD – Controlled Drug(s)

2.3 CDAO – Accountable Officer for Controlled Drugs. FP10s can be used to prescribe CDs and legislation states that the Accountable Officer for Controlled Drugs has responsibility for investigating any concerns or incidents involving CDs

2.4 LSMS - Local Security Management Specialist

2.5 LCFS - Local Counter Fraud Specialist (role held by the Counter Fraud Manager)
2.6 Authorised ordering personnel (authorised orderer) – persons who have been authorised to order FP10 prescription forms on behalf of the Trust.

2.7 Designated base – secure bases within the Trust that FP10s are delivered to from the printers and subsequently distributed to units and/or teams.

3. **ROLES and RESPONSIBILITIES**

3.1 The **Chief Pharmacist - Head of Medicines Management** has overall responsibility for overseeing the process involved from the ordering, receipt, storage and transfer to the user and overall security of FP10 prescription stationery.

3.2 The **Director of Mental Health & Learning Disability Care** is responsible for the process of authorising non-medical prescribers and ensuring a safe system is in place for the management of FP10 prescriptions and the Trust Lead for Non-Medical Prescribing has delegated responsibilities within this process.

3.3 The **authorised ordering personnel** (authorised orderer) are responsible for ensuring a safe system is in place for management of FP10 prescription forms they have ordered.

3.4 **Matrons and Ward / Team managers** are responsible for ensuring a safe system is in place for management of FP10 prescription forms on their units.

3.5 **Prescribers** are responsible for the security of FP10 prescription forms issued to them.

3.6 **All staff** at all levels are responsible for preventing mismanagement of FP10 prescription forms.

3.7 The implementation of best practice measures for the security of FP10 prescription forms is overseen by LCFS in conjunction with the Chief Pharmacist.

3.8 The LCFS liaises with their security management colleagues, the LSMS, about all reported cases of loss or theft of FP10 prescription stationery.

4. **PROCESS DESCRIPTION**

4.1 **Ordering FP10s**

4.1.1 Authorised ordering personnel are responsible for ordering FP10s directly from the printers, Xerox UK Ltd, using the company’s online ordering system which only allows orders to be placed for Trust authorised locations or prescribers.

Upon placing an order, an email will be sent to the authorised orderer confirming the quantity ordered and expected delivery date.

4.1.2 Copies of all orders must be sent to the Medicines Management Team Senior Administrative Officer at Cheddon Lodge, Taunton within 72 hours of order placement.
4.1.3 Before leaving the Trust, Authorised Orderers must notify the Medicines Management Team (medicinesmanagement@sompar.nhs.uk) to ensure access rights to Xerox are removed. The relevant Line Manager is responsible for making sure this happens.

4.2 Delivery of FP10s to the authorised orderer's designated base

4.2.1 The FP10s are delivered to the authorised orderer’s designated delivery address. The delivery should be checked against the delivery note and only be signed for if the packaging is sealed and unbroken.

4.2.2 Any discrepancies should be noted on the driver’s delivery note, queried with the supplier and documented in the records held by the authorised orderer.

4.2.3 The delivery must be checked against the original order(s) and the first and last serial numbers checked against the delivery note as soon as is practicable. The person conducting this check should sign and date the delivery note to confirm these checks have been conducted. The delivery note must be securely retained for 3 months.

4.2.4 If the FP10s do not arrive on the expected delivery date, the authorised orderer must notify the suppliers within 2 working days of the missing prescription forms.

4.3 Storage and Security of FP10s at the Authorised orderer’s designated base

4.3.1 The FP10s must be held in a secure locked cabinet or drawer, with access strictly limited to those who are responsible for FP10s. Checks will be undertaken by Medicines Management staff or nominated senior managers at regular intervals.

4.3.2 Access to keys or keycodes should be strictly controlled to allow a full audit trail in the event of any security incident.

4.3.3 The records retained at the designated base must include:

**On Receipt**

- date received
- name of person who received the order
- what FP10s have been received
- quantity and serial numbers received
  - FP10 (HNC) first and last number of each prescription pad
  - FP10SS (issued in batches of 50) first and last number of batch
Upon Issue

- date of issue
- what FP10s have been issued
- quantity and serial numbers issued
- name of person who issued the FP10s
- name and signature of person who collected the FP10s
- serial numbers of any unused FP10s returned
- details of FP10s that have been destroyed, including who destroyed them and how they were destroyed (these records should be retained for at least 18 months)

4.3.4 These records must be stored securely and separately from FP10s.

4.4 Requesting FP10s from Authorised orderer's designated bases

4.4.1 FP10s should be requested using the Controlled Stationery request form (Appendix A) or by email to an authorised orderer.

4.4.2 All FP10HNC prescriptions are already stamped with specified units and the RH number should be quoted when requesting prescriptions.

4.4.3 Once completed (Appendix A), the request form must be emailed or sent to the authorised orderer.

4.4.4 If requested in person a request form must be completed and signed when collecting FP10s.

4.5 Issue and Collection of FP10s from Authorised orderer's designated bases

4.5.1 FP10s will only be issued on receipt of a completed Controlled Stationery requisition (Appendix A).

4.5.2 For security reasons, FP10s must not be sent in the post or internal mail but must be collected in person.

4.5.3 In all cases the person collecting the prescriptions must have proof of identity in the form of a Trust security badge.

4.5.4 A record must be completed in the designated bases’ records (see 4.4).

4.5.5 The person requesting the FP10s ideally should collect the prescriptions from the designated base in person however collection may be delegated to a colleague in their team. The person requesting the FP10s remains accountable for the collection of FP10’s, even if delegated, and is responsible for ensuring the person collecting is fully aware of the requirements for the pertinent aspects of this policy.

4.5.6 The person collecting is responsible for security of the FP10s in transit and for the safe delivery to their destination.
4.6 Storage and Security of FP10s at user locations

4.6.1 When not in use FP10s must be stored in a secure location eg locked drawer/cupboard with strictly limited and controlled access.

4.6.2 Access to keys or keycodes must be strictly controlled to allow a full audit trail in the event of any security incident.

4.6.3 Patients, temporary staff and visitors should not be left alone with FP10s or allowed into secure areas where forms are stored.

4.6.4 The Ward/Team Manager must nominate a co-ordinator to be responsible for the security and storage of FP10s on the unit. The storage of FP10s must be kept in line with the Record Keeping and Records Management Policy.

4.6.5 An FP10 Record solely for recording FP10 receipts and issues must be held securely on each base where FP10s are stored. Records may be in paper or electronic form:

- Paper FP10 Record:
  - The record is a designated bound record book solely for recording FP10s.
  - Only one record book must be in active use at one time.
  - Issues are recorded in the front of the book and must include:
    - date of issue
    - quantity and serial numbers issued
    - name of person who issued
    - name and professional registration number of prescriber accepting the forms.
  - Receipts are recorded in the back of the book and must include:
    - date received
    - name of the person delivering
    - name of the person receiving (normally co-ordinator)
    - what FP10s have been received
    - the quantity and serial numbers :
      - FP10 (HNC) first and last number of each prescription pad
      - FP10SS (issued in batches of 50) first and last number of each batch
  - Records of issues of FP10s to prescribers must include their signature

- Electronic FP10 Record:
  - FP10 records may be held in a computerised form only if:
    - The author of each entry is identifiable
    - Any alteration of an entry is easily identifiable
    - Who altered entries, when they were altered and what in the entry was altered can be identified
  - Security measures should be in place to minimise the risk of unauthorised or unnecessary access to the data and adequate backups must be made.
  - Arrangements are in place for prescribers to sign for receipt of prescriptions
4.7 Issuing FP10s on Wards/Community Units

4.7.1 FP10s must only be issued to Trust authorised prescribers.

4.7.2 The details must be completed in the FP10 Record (see 4.6.5 above).

4.7.3 Once received by the prescriber the responsibility for security of the prescriptions forms lies with the prescriber and they are liable for any prescriptions issued in their name. The prescriber is advised to retain a record of the serial numbers issued to them.

4.7.4 If a prescriber has left/moved or is suspended, the FP10 prescription pad must be secured and booked back into stock via the FP10 Record. These prescriptions can subsequently be re-issued to another prescriber within that department, following the approved recording and issuing process.

4.7.5 In the event that a prescription is written or printed incorrectly then it should be crossed through and signed and dated by the prescriber.

4.7.6 The FP10 should be returned to the co-ordinator and entered in the FP10 Record as ‘spoilt’ and kept securely until Medicines Management Team staff visit when destruction will be organised.

4.7.7 Records of serial numbers received and issued should be retained for at least three years.

4.8 Issuing prescriptions to patients or patient's representatives

4.8.1 The preferred and safest options for patients to obtain a signed prescription form from their prescriber are face to face during the consultation.

4.8.2 However, prescriptions may be collected by them or on their behalf by a named representative from Trust premise e.g. a consultant's Medical Secretary or from Trust reception staff.

4.8.3 If not issued during a face to face consultation the identity of the person collecting the prescription must be verified and recorded. The patient or their named representative should sign for receipt of the prescription.

4.8.4 Posting prescriptions to patients using the mail service, must only be used when safer and more secure alternatives are not practicable or possible (see 4.9 below).

4.9 Prescriptions posted in the mail

4.9.1 A risk assessment of the proposed process for posting prescriptions must be undertaken by the service or unit prior to posting prescriptions.

4.9.2 The risks are greater if the prescription is for CDs, therefore it is recommended that these types of prescription forms are not posted directly to patients or carers and alternative arrangements are made to ensure the patient receives the medication. This can include arrangements with the patient’s nominated community pharmacy (or GP surgery dispensary if the patient’s GP is a dispensing doctor.)
4.9.3 Precautions must be put in place to ensure that each prescription posted reaches the intended recipient and dispensed to the legitimate patient. These may include, but are not limited to:
   a) checking that the patient address is up to date
   b) consider if there are known individuals at the patient address with substance misuse issues.
   c) reconciliation checks to ensure that the recipient did receive the prescription form
   d) escalation and reporting actions for staff in the event the patient reports non receipt of the prescription form

4.9.4 When posting prescriptions ensure that:
   a) there is only discreet information on external envelope/packing so that the nature of the contents is not easily identified
   b) there is a return address on the envelope / packing if the item cannot be delivered
   c) a postal service with tracking information is used
   d) the item is signed for at point of delivery to ensure it can be traced if necessary
   e) records are kept which include:
      o the date the prescription form was posted
      o who posted the prescription
      o name and address of recipient
      o expected delivery date
      o the name, form, strength, dose and quantities of medication prescribed
      o date and outcome of the delivery reconciliation check (see 4.9.3(c) above)
   f) a copy of the FP10 prescription must be uploaded to the patient’s RiO record ensuring that the serial numbers are visible and legible

4.10 Additional security issues

4.10.1 FP10s should only be produced when needed. FP10s must never be left unattended on a desk or in a clinical area but placed in a locked drawer during the time it is not being used.

4.10.2 FP10 SS prescription forms must be afforded the same security controls as other FP10s. The forms must be removed from the printer at the end of a clinic as these forms are acceptable in handwritten form. Patients must never be left unaccompanied by Trust staff in areas where printers contain FP10 SS forms.

4.10.3 When making home visits, prescribers working in the community should take suitable precautions to prevent the loss or theft of forms. Only a small number of prescription forms should be carried on home visits. The serial numbers of the prescription sheets taken on home visits must be recorded.
4.10.4 Prescribers issued with FP10 forms who are not based at a single location during clinical duties and do not return to the base at the end of a shift, or start from the base at the beginning of a shift may hold a small stock of FP10s. Prescribers holding FP10s whilst off-duty must ensure that the prescriptions are secured during this period.

4.10.5 Bank and Agency staff, or staff who work infrequently who are also prescribers and prescribe as part of their role would not normally be permitted to hold FP10 whilst off-duty (see 4.10.4 above). Other arrangements for providing access to FP10s should be put in place (e.g. availability of generic service / location FP10 pads). However, if the issue of prescriptions to these staff in line with 4.10.4 is considered necessary this will only be possible after completion of a risk assessment and will only be possible if approved by the Chief Pharmacist (or nominated deputy) on a case by case basis.

4.10.6 If prescriptions have to be left in a vehicle they should be stored in a locked compartment or locked in the car boot. FP10s must not be left in unattended vehicles for long periods (e.g. overnight.)

4.10.7 Under no circumstances should prescription forms be pre-signed before use.

4.10.8 FP10s must only be used for prescribing for registered NHS treatment of patients of the Trust following an NHS consultation and must not be used to prescribe for private patients.

4.10.9 Trust FP10 prescriptions must only be used for prescribing for NHS patients under the care of the Trust as part of official Trust activity or business.

4.10.10 FP10s must not be used for prescribing for Trust staff, the prescriber or their family. The only exception is if a member of staff is also an NHS patient of the Trust and prescribing occurs as part of the relevant services normal NHS treatment procedures.

4.10.11 On termination of employment or if FP10’s are no longer required any unused FP10s allocated to a prescriber must be returned to the issuing unit no later than the last day of service and an entry made in the FP10 Record.

4.11 Non-Medical Prescribers (NMPs)

4.11.1 The NHS Business Services Authority (BSA) uses a professional registration number as the ‘prescriber code’ for NMPs.

4.11.2 As a consequence an NMP can only be registered with the NHS BSA to one NHS organisation at a time (see also 4.10.5 above and Non-Medical Prescribing Policy.)

4.11.3 If NMPs work in a prescribing role in more than one NHS organisation care must be taken to ensure that their prescribing is attributed to the correct organisation under which the prescribing was undertaken.
4.11.4 NMPs registered with the NHS BSA to the Trust when prescribing for another organisation:

- must not use the personalised prescriptions issued to them by the Trust
- must use ‘green’ FP10 prescriptions with service codes, spurious codes or pooled list codes issued to the other organisation
- when using ‘green’ FP10 prescriptions must ensure that NHS BSA overprinting specifications are complied with

4.11.5 NMPs registered with the NHS BSA to other NHS organisations when prescribing for the Trust:

- must be authorised to prescribe for the Trust (see Non-Medical Prescribing Policy for details)
- must not use the personalised prescriptions issued to them by the other organisation for Trust prescribing
- must use ‘green’ FP10 prescriptions with service prescriber codes (i.e. codes starting RH5) or spurious codes
- when using ‘green’ FP10 prescriptions must ensure that NHS BSA overprinting specifications are complied with

4.12 Destruction of FP10s by Medicines Management staff or Authorised orderer

4.12.1 All destruction of FP10s must be conducted by two people: either a member of the Medicines Management Team or an Authorised orderer with a second person to act as a witness.

4.12.2 The serial number of the forms destroyed should be recorded on the FP10 Destruction Form (Appendix C) and kept for a period of 2 years.

4.12.3 Forms which are spoilt or no longer needed must be securely destroyed: forms should be ripped in to quarters or shredded and then put into confidential waste recycling consoles in the presence of the witness.

4.13 On-going auditing of FP10 ordering

4.13.1 All payment of invoices from the nationally contracted supplier of FP10s (see 4.1.1) will be authorised by the Head of Medicines Management.

4.13.2 Copies of orders placed (see 4.1.2) will be cross-referenced with invoices received from the nationally contracted supplier.

4.13.3 Unresolved discrepancies will be notified to the LSMS and LCFS for further investigation where appropriate.
4.14 Missing/lost/stolen prescription forms

4.14.1 If a patient reports a lost prescription form, this incident must be recorded on the incident reporting system (Datix). Before a replacement prescription is provided, a risk assessment should be undertaken to ensure that the reported loss is genuine and not an attempt to commit prescription fraud. If the lost prescription form was for CDs, the CDAO should be informed and extra precautions taken to ensure the medication is dispensed to the intended recipient without incident.

As this prescription is likely to be signed by an authorised signatory with all the relevant service/team data, the loss should be treated like all other prescription losses and local escalation and reporting procedures followed.

4.14.2 Any missing or lost prescription forms or any suspected theft/fraud must be reported immediately. The Flow Chart for Missing/lost/stolen FP10 Prescription Forms should be followed. (Appendix B)

4.14.3 The prescriber or staff member should notify the Head of Medicines Management or Medicines Management Team.

4.14.4 The Service Manager must be informed and an incident report (Datix) must be completed.

4.14.5 The Medicines Management Team should inform the LCFS and LSMS to ensure they are aware of the incident and can initiate an investigation if required.

4.14.6 The Counter Fraud Authority will be informed of any investigations.

4.14.7 The Chief Pharmacist/Deputy Chief Pharmacist will make a decision as to whether the local office of NHSE are requested to send an alert to community pharmacies.

5. TRAINING/COMPETENCE REQUIREMENTS

5.1 The Trust will work towards all staff being appropriately trained in line with the organisation’s Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

- Infection Control
- Medicines Management
- Medicine Management Competency Assessment
- Drug Calculation
- Controlled Drugs
6. **MONITORING**

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<th>Monitoring method - Information source (e.g. audit)/ Measure / performance standard</th>
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<th>Monitoring frequency / reporting frequency and route</th>
<th>Arrangements for responding to shortcomings and tracking delivery of planned actions</th>
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<td>Medicines Oversight Group</td>
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<td>Quarterly</td>
<td>Medicines Oversight Group</td>
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<td>Quarterly</td>
<td>Medicines Incident Group</td>
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7. **REFERENCES**

7.1 **References**

NHS Counter Fraud Authority – Management and control of prescription forms, Version 1, March 2018


7.2 **Cross reference to other procedural documents**

Medicines Policy
Non-Medical Prescribing Policy
Controlled Drugs Policy
Record Keeping and Records Management Policy
Untoward Event Reporting Policy and procedure

8. **DOCUMENT CONTROL**

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<td>Interim Chief Medical Officer</td>
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<td>Medicines Oversight Group</td>
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<td>27 January 2020</td>
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<td>Date of issue</td>
<td>3 February 2020</td>
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<td>February 2023</td>
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<tr>
<td>Applies to</td>
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V6 Issue date: 3 February 2020 Review date: February 2023
CONTROLLED STATIONERY REQUISITION FORM
FP10HNC / FP10SS / FP10MDA / FP10PN (delete as appropriate)

PLEASE RETURN THE ENTIRE PAGE TO:

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<td>Local Authorised Orderer</td>
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<td>Medicines Management Team,</td>
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<tr>
<td>Cheddon Lodge, Taunton,</td>
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FOR DESIGNATED BASE USE ONLY

Date Order processed | Signature

To be signed upon receipt of the above items and the ENTIRE requisition form retained at the Designated Base

I confirm that I have checked the quantity and serial numbers of the above item(s) of stationery:

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☐ Pharmacy staff: tick box to confirm ID Badge has been seen
Flow Chart for Missing/Lost/Stolen Prescription Forms

Prescriber or other staff member discovers prescription form(s) are missing/lost/stolen

Prescriber or other staff member must immediately inform the Chief Pharmacist / Medicines Management Team on one of the numbers below:
- Taunton: 01823 368265
- Bridgwater: 01278 454146
- Yeovil: 01935 846380

Staff member must also inform the Service Manager and complete the Trust untoward event report on DATIX

The Medicines Management Team should inform the Head of Resilience (LSMS) and the Trust Counter Fraud Manager (LCFS)

The LSMS or LCFS initiates investigation as appropriate.

The NHS Counter Fraud Authority will be advised.

The Head of Medicines Management will inform the local office of NHS England

Local office of NHSE will cascade alert to relevant recipients across the local healthcare community
FP10 Destruction Form

All FP10 prescription forms which are spoilt or no longer required must be securely destroyed to prevent any unauthorised use. Forms should be ripped into quarters or shredded and then put into confidential waste recycling consoles in the presence of one of the following witnesses:

- an authorised member of the Medicines Management Team, or
- your local authorised orderer

Please post or email completed forms to either:
- Community Health: Your local authorised orderer
- Mental Health: Administrator, Medicines Management, Cheddon Lodge, Cheddon Road, Taunton TA2 7AZ or scan and send to medicinesmanagement@sompar.nhs.uk

| Unit: |

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This form must be kept for a period of 2 years from the date of destruction