

<p>NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i></p> <p>TRANSMITTAL AND RECEIPT OF NON-CURRENT PUBLIC RECORDS</p>	<p>Page ____ of ____</p> <p>NAP AUTHORITY NUMBER:</p>
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AGENCY NAME:	ADDRESS:
RECORDS CUSTODIAN: (Name and Signature)	TRANSFERRING OFFICIAL: (Name and Signature)
Restriction on Access to Records (Please check box) <input type="checkbox"/> RESTRICTED <input type="checkbox"/> NO RESTRICTIONS	If Restricted, indicate at least two (2) authorized personnel to access/retrieve records (Name and Position) : 1) _____ 2) _____ _____

Amenable to any findings and/or discrepancies/inconsistencies in the listings, label, volume, physical state of the records transferred.

BOX NUMBERS	RECORDS SERIES TITLE AND DESCRIPTION	INCLUSIVE DATES	VOLUME (in cu.m.)	DISPOSAL AUTHORITY (GRDS/ RDS Item No.)

TO BE ACCOMPLISHED AT THE RECORDS CENTER			
ACCESSION NUMBER:	RECEIVED BY:	POSITION:	DATE RECEIVED:

BOX NUMBERS	RECORDS SERIES TITLE AND DESCRIPTION	INCLUSIVE DATES	VOLUME (in cu.m.)	DISPOSAL AUTHORITY (GRDS/ RDS Item No.)