

FORM OF INDEMNITY

TO:	Director of Finance, Humber NHS Foundation Trust
FRO	M: Name and address of person receiving property
Name	e of Patient Unit No
and/o now i UND! proce again name	ONSIDERATION of you paying to me the sum of £
	LIST OF PROPERTY RECEIVED
Signa	ature Date
	ionship to patient
	e of person handing over property (print)
Desiç	gnation Date Date