



IPOA FORM 14

(r. 31(4))

RECEIPT OF EXHIBIT FOR FORENSICS FORM

Case Number:

Date Items Identified: 20.....

Exhibit(s) collected by:.....

Investigator Name:

Date seized by IPOA Time:.....

Location (seized/Identified):.....

Individual or Organisation Items Seized from:.....

<i>S/No.</i>	<i>Item</i>	<i>Quantity</i>	<i>Description</i>
1.			
2.			
3.			
4.			

The above items have been seized as evidence by Independent Policing Oversight Authority investigators pursuant to Part II, Section 8 (1) (c) of the Independent Policing Oversight Authority Act 2011.

Investigator Signature: _____ Date: _____

Declaration by issuer or IPOA Officer:

I _____ of National ID No (or IPOA No): _____
acknowledge that the above listed items were collected by me originally from the said scene.

Signature:..... Date:.....

Exhibit Register No: