



# DHIR & PARTNERS SDN BHD (800511-H)

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## STAFF EQUIPMENT FORM

Name	
IC No	
Position	
Department/Team Leader	
Phone No	

### Equipment Details:

Please Tick (/) the box below for the item received:

NO	ITEM	(/)	TAGGING NO	REMARK IF ANY (BROKEN/MISSING)	RETURN DETAILS
1.	LOCKER KEY		LOCKER NO:		
2.	ACCESS CARD		LABEL NO:		
3.	HEADSET				
4.	CALCULATOR				
5.	NAME CARD		*ID NO:		
6.	*CPU				
7.	*MONITOR				
8.	KEYBOARD				
9.	MOUSE				
10.	CHAIR				
11.	SMARTPHONE *MODEL NAME:		*TAGGING NO:		
12.	SIMCARD		*NETWORK:  *NO TEL:  *POSTPAID/ PREPAID		
13.	OFFICE PHONE		EXT NO:		
14.	CALENDAR				
15.					
16.					

By signing below, I agree to accept liability for the equipment listed above. I understand that should any lost occur of the equipment, I will be held fully responsible for the replacement of the equipment.

\_\_\_\_\_  
(Staff Signature)      (Date Received)

Checked By:	Approved By:
_____ (Manager of Dept.)	_____ (FA Department)

### Equipment Return Details:

Staff Signature :	Checked By:	Received By:
Name :	_____ (Manager of Dept.)	_____ (FA Department)
Date Return :		