

Asset Decla	ration Form	- Individ	ual
Name:	MAREL ALRA	No. of the Control of	
Employee ID:	NH 6032		
Department:	CS		
Date:	JEPPANBER 13, 20	021	
Please fill in the form below decla	ring all company assets in your	possession.	
Item	Yes	No	Remarks
COMPRLY SIM GRED	✓		Kemarks
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Manse (WGHERH)	√		
Employee Signature:	Mu M	lanager Signature:	