

Asset Declaration Form - Individual

Name:	MOU.	110440		
Employee ID:	ABOUL WATER			
	NHOOSI			
Department:	MARKETING 8 OPERATIONS.			
Date:	12/09/2021			
Please fill in the form belo	ow declaring all con	npany assets in your	possession.	
Item		Yes	No	Remarks
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Blue both mon	8e			
Sin Cald				
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mployee Signature:		M	anager Signature:	
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