

TETA IT ASSET ALLOCATION FORM

Employee Information

Full Name:	
ID Number:	
Department / Unit:	
Contact Information:	Mobile: Office Tel:

Issued Asset(s)

OLD EQUIPMENT/ASSET	Asset Description	Serial Number	TETA Number
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Accessories Issued (if applicable)

- ☐ Charger
- ☐ Extender
- ☐ Laptop Bag
- ☐ Mouse

Declaration by Employee

I, the undersigned, acknowledge receipt of the above-listed asset(s) and accept full responsibility for their safekeeping. I understand that I may be held liable for the cost of repair or replacement if any damage or loss occurs due to my negligence, as determined at the sole discretion of TETA.

I confirm that I have read and understand the relevant Asset Use and Allocation Policy.

Acknowledgement and Signatures

Employee Full Name: _____

Employee Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Issue Date: 14/04/2025

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