

DEWHIRST SHANTA
MIS EQUIPMENT TRANSFER FORM

Transfer Form No :

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Requested Date :

/	/	/
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ASSET DETAILS

Asset Number

Asset Name

Serial Number

Asset Type

Asset Make

Asset Model

Date of Purchase

Ref :

Purchase Price

TRANSFER FROM

User

Location

Department

I hereby agree that the hardware stated above is free of any confidential data and is ready to be transferred.

I agree that the hardware is not in use and not required for my department. I also agree for it to be transferred to any user requiring the use of this hardware.

Current User

Department Head

TRANSFER TO

User

Location

Department

I agree to follow and abide by the Dewhirst User Policy. I will also regularly maintain the cleanliness of this hardware.

I agree to receive the hardware and have instructed the user to abide by the Dewhirst IT User Policy.

New User

Department Head

FOR IT USE ONLY

Transfer Date

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Transfer By

:

Transfer Remark

:

Transfer Cost

:

Delivery Note Ref :

MIS Manager

Directors Approval