

ASSETS HANDOVER FORM



REGISTERED OFFICE: Device Factory
CONTACT NO.: 340-5418 (local: #331)
EMAIL ADDRESS: aldren.cuizon.ph@toyoflex.com
NAME OF EMPLOYEE: Aldren A. Cuizon
EMPLOYEE ID NO.: 008503
DEPARTMENT/DIVISION: PLM / Mold Maintenance

DEAR SIR / MADAM

PLEASE FIND THE BELOW AS THE ASSETS HANDED OVER TO YOU TO SUPPORT YOU IN CARRYING OUT YOUR ASSIGNMENT IN A MOST PROFICIENT MANNER.

NO.	PARTICULARS	QTY	REMARKS
1	DELL Desktop	1	TFXC0063

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

2021.07.16
Nestor Cape / Ryusuke Sato

RESPONSIBLE FOR HANDOVER

2021-07-16
SUSETTE SURBANO

I, MR. / MRS Aldren A. Cuizon HEREBY ACKNOWLEDGED THAT I HAVE RECEIVED THE ABOVE MENTIONED ASSETS(S), I UNDERSTAND THAT THIS ASSET(S) BELONG TO TOYOFLEX CEBU CORPORATION AND IS UNDER MY POSSESSION FOR CARRYING OUT MY WORK, I HEREBY ASSURE I WILL TAKE CARE OF THE DEVICE(S) OF THE COMPANY TO THE BEST POSSIBLE EXTEND.

EMPLOYEE SIGNATURE

DATE SIGNED

2021.07.16

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Effectivity Date	2021-07-16	Prepared by:	Checked by:	Approved by:	2 YEARS
		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	