ASSETS HANDOVER FORM

ANSAHI INTECC GROUP TOYOFLEX CEBU CORPORATION

REGISTERED OFFICE:		D.	DEVICE		FACTORY					
CONTACT NO.:			340	0 - 54	418					
EMAIL ADDRES	SS:					• • • • •				
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NAME OF EMPLOYEE:		the LDDY	₹.	DE 1	ьнаціо					
EMPLOYEE ID NO.:		0110	D قاف							
DEPARTMENT/DIVISION:		7. AS	,SY							
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DEAR SIR / MAI							VOLUTO 0111	DODT VOLUM	A DDVINO	
						VER TO	YOU TO SU	PPORT YOU IN CA	ARRYING	
OUT YOUR AS	SIGNMENT	IN A MOST P	ROFICIE	:NI MA	NNEK.					
	NO.	<u> </u>	PAF	RTICUL	ARS		QTY	REMARK	s	
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(AUTHORIZED S	SIGNATORIE	≣ S)								
REQUEST	TOR / APPR	OVER	X.	11/2	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	, 4 		_		
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RESPON	HANDOVER -	vic)SHIYUKI	WINDITA	08-26	MILE	THE VINDOWS	ARANAS		
			•							
I, MR. / MRS MRW外 長. NE WAGUNO 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										
		Modifican	•		<u></u>					
DATE SIGNED										
1012-08- No										
Document No.	TCF	-G084	Ve	er.	1		TOYOFLE	X CEBU CORPORATION	N	Retention Period

Document No.	TCF-G084	Ver.	1	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date		Prepared by:	Checked by	: Approved by:	2 YEARS
	2021-07-16	SUSETTE SURBANO	REY DAGA	TAKAFUMI MATSUNAGA	2 TEARS