## **ASSETS HANDOVER FORM**

## ANSAHI INTECC GROUP TOYOFLEX CEBU CORPORATION

TOYOFLEX CEBU CORPORATION												
REGISTERED O	FFICE:	DEVICE FACTORY										
CONTACT NO.:		340-5418										
EMAIL ADDRESS:		michelleann.tare.ph@toyoflex.com										
NAME OF EMPI	OVEE											
NAME OF EMPLOYEE:		MICHELLE ANN TARE										
EMPLOYEE ID NO.:		008678										
DEPARTMENT/DIVISION:		QUALITY ASSURANCE										
DEAR SIR / MAD	DAM	* -										
PLE	ASE FIND	THE BELOW	AS THE ASSETS	HANDED	OVER TO	YOU TO SI	JPPORT YOU IN CARRYING					
OUT YOUR AS	SIGNMENT	IN A MOST F	PROFICIENT MAN	NNER.								
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REQUEST	OR / APPR	OVER	DENNIS BERNA	TES / ATSI	JSHI TAKE	UCHI	nn 72					
RESPON	SIBLE FOR	HANDOVER	m	2021-07 - 2C								
			SUSETTE/B.YSU	INDAIRC								
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							ASSET(S) BELONG TO TOYOFLE					
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DATE SIGNED		2621-07-16										
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Document No.	101 011	Prepared by: Checked by:		Approved by:	2 YEARS
Effectivity Date	2021-07-16	SUSETTE SURBANO	REY DAGATAN / A	MADITO ORTIZANO TAKAFUMI MATSUNAGA	