

## ASSETS HANDOVER FORM

ASAHI INTECC GROUP  
TOYOFLEX CEBU CORPORATION

REGISTERED OFFICE:

TOYOFLEX MEDICAL FACTORY

EMPLOYEE ID NO.:

011165

DIVISION:

PRODUCTION

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
	TEXT-84 TFXC 1054		

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

JANET DINULONG  
LOCAL SUPERVISOR

MASAAKI SHIGEMATSU  
JAPANESE MANAGER

RESPONSIBLE FOR HANDOVER

NAME OF IT STAFF / IT TECHNICIAN

I, MR. / MRS JANET DINULONG 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.

BY SIGNING THIS DOCUMENT I AM ALSO AWARE THAT IF I FAIL TO FOLLOW THE PART IV ARTICLE 1 SEC 3 , 4 , 5 OF COMPANY CODE OF CONDUCT THERE WILL BE A CORRESPONDING SANCTION.

Related Document: TCF-G022

EMPLOYEE SIGNATURE

DATE SIGNED

Document No.	TCF-G084	Ver.	2	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date	2022-10-27	Prepared by:	Checked by:	Approved by:	2 YEARS
		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	