

ASSETS HANDOVER FORM



REGISTERED OFFICE: DEVICE FACTORY

CONTACT NO.: 340-5418

EMAIL ADDRESS: qa.calibration.ph@toyoflex.com

NAME OF EMPLOYEE: LEJEN DAPITON

EMPLOYEE ID NO.: 005441

DEPARTMENT/DIVISION: QUALITY ASSURANCE-CALIBRATION

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	LENOVO THINKPAD LAPTOP E590	1	TFXC0512

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

DENNIS BERNALES / ATSUSHI TAKEUCHI

RESPONSIBLE FOR HANDOVER

SUSETTE SURBANO

I, MR. / MRS LEJEN DAPITON 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

LEJEN DAPITON

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	