

ASSETS HANDOVER FORM



REGISTERED OFFICE: MEDICAL FACTORY

CONTACT NO.: 3307

EMAIL ADDRESS: _____

NAME OF EMPLOYEE: ELLA JANE ROSALES

EMPLOYEE ID NO.: 011932

DEPARTMENT/DIVISION: PR / CAG

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	1	TFXC0973

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

2022-09-19
Jnl
JANET DINULONG / MR. MASA AKI SHIGEMATSU

RESPONSIBLE FOR HANDOVER

I, MR. / MRS Ella Jane Rosales 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

Ella Jane Rosales

DATE SIGNED

2022-09-29

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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	