

ASSETS HANDOVER FORM



REGISTERED OFFICE: Device factory

CONTACT NO.: 340-5418

EMAIL ADDRESS: godornez.lisa.ph@toyoflex.com

NAME OF EMPLOYEE: Lisa G. Bentulan

EMPLOYEE ID NO.: 005319

DEPARTMENT/DIVISION: T-Assy / Office

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	ACER DESKTOP	1	TFXC0349

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

RESPONSIBLE FOR HANDOVER

SUSETTE B. SURBANO

IVEN ABERION / YOSHIYUKI MORITA

I, MR. / MRS Lisa G. Bentulan 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

LISA G. BENTULAN

DATE SIGNED

2021-07-26

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		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	