

# ASSETS HANDOVER FORM

ASAHI INTECC GROUP  
TOYOFLEX CEBU CORPORATION

REGISTERED OFFICE: MEDICAL FACTORY

CONTACT NO.: 340-0913

EMAIL ADDRESS:

NAME OF EMPLOYEE: JANEL CRUZ

EMPLOYEE ID NO.: 10322

DEPARTMENT/DIVISION: PC Division

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
	LENOVO THINKPAD	1	TFXC0839

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

MS. JOY ROXANNE TREYES

RESPONSIBLE FOR HANDOVER

I, MR. / MRS JANEL CRUZ 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

*[Signature]*

DATE SIGNED

2022-07-02

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