

ASSETS HANDOVER FORM

ASAHI INTECC GROUP
TOYOFLEX CEBU CORPORATION

REGISTERED OFFICE: Device Factory
CONTACT NO.: 340 - 5418
EMAIL ADDRESS: Ceralyn.mopon.ph @ toyoflex . com
NAME OF EMPLOYEE: Ceralyn Marie Z. Mopon
EMPLOYEE ID NO.: 006156
DEPARTMENT/DIVISION: Mechanical unit

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	Desktop	1	TFXC0172

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

RESPONSIBLE FOR HANDOVER

MR. MICHAEL LAUREA
2021-07-16
SUSETTE SURBANO

MR. HIROKI KISHIMOTO
2021-07-16

I, MR. / MRS _____ 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

CERALYN MARIE MOPON

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	