

ASSETS HANDOVER FORM



REGISTERED OFFICE: _____ Device Factory

CONTACT NO.: _____ 340-5418

EMAIL ADDRESS: _____ N/A

NAME OF EMPLOYEE: _____ Joan Gloria

EMPLOYEE ID NO.: _____ 5799

DEPARTMENT/DIVISION: _____ QA/QC-CPP

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	DELL	1	TFXC0062

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

RESPONSIBLE FOR HANDOVER

2021-7-29

Dennis Bernales / Atsushi Takeuchi

SUSETTE B. SURBANO

I, MR. / MS. JOAN GLORIA 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

2021-07-28

Joan Gloria

DATE SIGNED

2021-07-28

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		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	