

ASSETS HANDOVER FORM



REGISTERED OFFICE: Device Factory
 CONTACT NO.: 340-5418
 EMAIL ADDRESS: N/A
 NAME OF EMPLOYEE: MERLINDA A. CASINILLO
 EMPLOYEE ID NO.: 005483
 DEPARTMENT/DIVISION: QA/QC - INCOMING INSPECTION

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 (PC)	1	TFXC 0343
	N/A		

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

RESPONSIBLE FOR HANDOVER

Yuri Torres / Dennis Bernales / Atsushi Takeuchi
SUSETTE B. SURBANO

I, MR. / MRS. MERLINDA A. CASINILLO 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

2021-07-16

Document No.	TCF-G084	Ver.	1	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date	2021-07-16	Prepared by:	Checked by:	Approved by:	2 YEARS
		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	