

# ASSETS HANDOVER FORM

**ASAHI INTECC GROUP**  
**TOYOFLEX CEBU CORPORATION**

REGISTERED OFFICE: Medical Factory  
CONTACT NO.: 340-0913 - Medical Factory  
EMAIL ADDRESS:  
NAME OF EMPLOYEE: Angelica Calderon  
EMPLOYEE ID NO.: 12005  
DEPARTMENT/DIVISION: PE/Equipment

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 Travelmate P249 series Model: N16Q1	1	<del>TFX00273</del> <i>TFXC0390</i>

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

RESPONSIBLE FOR HANDOVER

*2022-10-10*  
Alvin Martinez / Tomochika Fukuoka

I, MR. / MRS ANGELICA CALDERON 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

*ANGELICA CALDERON*  
ANGELICA CALDERON

DATE SIGNED

*2022-10-10*

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