

ASSETS HANDOVER FORM



REGISTERED OFFICE: DEVICE FACTORY

CONTACT NO.: 340-5418

EMAIL ADDRESS: qa.sqa.ph@toyoflex.com

NAME OF EMPLOYEE: GERALINE DIME

EMPLOYEE ID NO.: 008568

DEPARTMENT/DIVISION: QUALITY ASSURANCE

DEAR SIR / MADAM

PLEASE FIND THE BELOW AS THE ASSETS HANDLED OVER TO YOU TO SUPPORT YOU IN CARRYING OUT YOUR ASSIGNMENT IN A MOST PROFICIENT MANNER.

NO.	PARTICULARS	QTY	REMARKS
	SEE ATTACHMENT		
	N/A		

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

DENNIS BERNALES / ATSUSHI TAKEUCHI

RESPONSIBLE FOR HANDOVER

SUSETTE SURBANO

I, MR. / MRS GERALINE DIME 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

GERALINE DIME

DATE SIGNED

2021-07-23

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		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	