ASSETS HANDOVER FORM



REGISTERED OFFICE:		DEVICE	FACTORY								
CONTACT NO.:		340 - 5419									
EMAIL ADDRESS:		NIA									
NAME OF EMPLOYEE:		FLORES. CECILIA C.									
EMPLOYEE ID NO.:		008543									
DEPARTMENT/DIVISION:		BA/GC- INCOMING									
DEAR SIR / MAD	DAM										
PLI	EASE FIND	THE BELOW	AS THE ASSETS	S HANDED	OVER TO	YOU TO SU	PPORT YOU IN CARRYING				
OUT YOUR AS	SIGNMENT	IN A MOST F	PROFICIENT MAN	NNER.							
	NO.		PARTICULA	ARS		QTY	REMARKS				
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(AUTHORIZED S	SIGNATORIE	:8)	May Minnoto	8			21/124	-			
REQUEST	OR / APPRO	OVER	WIRI TORRES	LDENNIS	BERNALE	S / ATSUSA	1 TAKE WEHT TON !				
RESPON	SIBLE FOR	HANDOVER	SUSETTE B	2021-07	29						
			()	quito/110							
I, MR. / MRS_FWRFS, CECILIA CHEREBY 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.											
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FAIDLOVEE OLO	MATURE										
EMPLOYEE SIG	NATURE	Ann									
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DATE CIONED											
DATE SIGNED	200										
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Document No.	TCF	-G084	Ver.	1		TOYOFLE	X CEBU CORPORATION	Retention Period			
			Drangrad by:	Chacker	d bur		Approved by:	1			

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