ASSETS HANDOVER FORM

ANSAHIINTECC GROUP TOYOFLEX CEBU CORPORATION

REGISTERED OFFICE: DEVICE FACTORY										
CONTACT NO.:		340-5418								
EMAIL ADDRESS:		N/A								
NAME OF EMPL	OYEE:	RHEA CAS	TELLANO							
EMPLOYEE ID NO.:		008899								
DEPARTMENT/DIVISION:		QUALITY ASSURANCE								
DEAR SIR / MAI	DAM									
PLE	EASE FIND	THE BELOW	AS THE ASSETS	S HANDED OVE	R TO YOU TO SUP	PORT YOU IN CARRYING				
OUT YOUR AS	SIGNMENT	IN A MOST I	PROFICIENT MAI	NNER.						
	NO.	PARTICULARS			QTY	REMARKS				
	1		LENOVO LAPT	OP E15	1	TFXC0622				
		-								
				7						
(AUTHORIZED S	SIGNATORI	ES)	1		21.1	22 6				
REQUEST	OR / APPR	OVER	DENNIS BERNA	LES / ATSUSHI	TAKEUCHI /	197,27				
RESPON	SIBLE FOR	HANDOVER	SUSETTE BUSI	7011-07-29						
, ALOI OIL	0.000		30021129/30	INDANU						
	LMD	/ MDC	RHEA CASTELLA	NO HE	DEBY ACKNOWLE	DGED THAT I HAVE RECEIV	/FD			
	THE A	/ MRS BOVE MENT				SET(S) BELONG TO TOYOF				
						YING OUT MY WORK, I HERI				
	ASSU	RE I WILL TA	KE CARE OF TH	IE DEVICE(S) OI	F THE COMPANY 1	TO THE BEST POSSIBLE EX	TEND.			
EMBLOVEE CLO	NATURE	$\bigcap_{\mathcal{C}}$								
EMPLOYEE SIG	NATURE	RHEAC	ASTELLANO							
		70,	TOTELLAND							
DATE SIGNED										
2021- 07-16										
Document No.	TO	F-G084	Ver.	1	TOYOFLEX	CEBU CORPORATION	Retention Period			
Document No.			Prepared by:	Checked by:		Approved by:	2 YEARS			

Effectivity Date	2021-07-16	SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO		TAKAFUMI MATSUNAGA	
		Prepared by:	Checked	by:	Approved by:	2 YEARS
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