

## ASSETS HANDOVER FORM



REGISTERED OFFICE: Device Factory  
CONTACT NO.: 340-5418  
EMAIL ADDRESS: rosa.delacruz.ph@toyoflex.com  
NAME OF EMPLOYEE: Rosa Maria A. Dela Cruz  
EMPLOYEE ID NO.: 010198  
DEPARTMENT/DIVISION: T-Assy / Office

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	LENOVO LAPTOP	1	TFXC0661

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

IVEN ABERION / YOSHIYUKI MORITA

RESPONSIBLE FOR HANDOVER

SUSETTE B. SURBANO

I, MR. / MRS Rosa Maria A. Dela Cruz 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

ROSA MARIA A. DELA CRUZ

DATE SIGNED

2021-07-23

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	