

ASSETS HANDOVER FORM



REGISTERED OFFICE: Device

CONTACT NO.: 614

EMAIL ADDRESS: roxane.ruta.ph@toyoflex.com

NAME OF EMPLOYEE: Roxane Ruta

EMPLOYEE ID NO.: 8901

DEPARTMENT/DIVISION: Q/A Q/C T-ASSY

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	Desktop	1	TFXC0341

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

Dennis Bernales / Atsushi Takenchi

RESPONSIBLE FOR HANDOVER

SUSETTE SURBANO

I, MR. / MRS Roxane Ruta 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

Roxane Ruta

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	