

ASSETS HANDOVER FORM



REGISTERED OFFICE: _____ Device Factory

CONTACT NO.: _____ 340-5418

EMAIL ADDRESS: _____ N/A

NAME OF EMPLOYEE: _____ Lilibeth Mendez

EMPLOYEE ID NO.: _____ 8842

DEPARTMENT/DIVISION: _____ QA/QC-CPP

DEAR SIR / MADAM



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

NO.	PARTICULARS	QTY	REMARKS
1	DELL	1	TFXC0111

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

RESPONSIBLE FOR HANDOVER

 2021. 7. 29
 Dennis Bernales / Atsushi Takeuchi
 2021. 07. 28
 SUsETTE S. SURBANO

I, MR. / MS. LILIBETH MENDEZ 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


 Lilibeth Mendez

DATE SIGNED

2021-07-28

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		SUsETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA		