

ASSETS HANDOVER FORM



REGISTERED OFFICE: Medical Factory

CONTACT NO.: 340-0913

EMAIL ADDRESS: reymart.suarez.ph@toyoflex.com

NAME OF EMPLOYEE: Rey Mart Suarez

EMPLOYEE ID NO.: 11703

DEPARTMENT/DIVISION: PE/Process

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 Thinkpad	1	TFX00601

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

Don Raymond Reyes/ Tomochika Fukuoka

RESPONSIBLE FOR HANDOVER

I, MR. / MRS Rey Mart Suarez 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

RM 2022-09-24

DATE SIGNED

2022-09-24

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		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA		