

## ASSETS HANDOVER FORM



REGISTERED OFFICE:	Toyoflex Cebu Medical
EMPLOYEE ID NO.:	005881
DIVISION:	Quality Assurance

DEAR SIR / MADAM

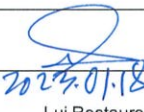

PLEASE FIND THE BELOW AS THE ASSETS HANDED OVER TO YOU TO SUPPORT YOU IN CARRYING OUT YOUR ASSIGNMENT IN A MOST PROFICIENT MANNER.

NO.	PARTICULARS	QTY	REMARKS
1	TravelMate P2410 Series Model No.N16P7	1	TFXC0444

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

RESPONSIBLE FOR HANDOVER


 Lui Restauro	 Hiroya Hamaguchi
Harold Torion	

I, MR. / MRS LILIBETH A. CANETE 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.

BY SIGNING THIS DOCUMENT I AM ALSO AWARE THAT IF I FAIL TO FOLLOW THE PART IV ARTICLE 1 SEC 3 , 4 , 5 OF COMPANY CODE OF CONDUCT THERE WILL BE A CORRESPONDING SANCTION.

Related Document: TCF-G022

EMPLOYEE SIGNATURE



DATE SIGNED

2023-01-18

Document No.	TCF-G084	Ver.	2	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date	2022-10-27	Prepared by:	Checked by:	Approved by:	2 YEARS
		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	