ASSETS HANDOVER FORM



			10101	LEA GED	O GONTONALI	O N					
REGISTERED C	FFICE:	DEVICE FACTORY									
CONTACT NO.:		340-5418									
EMAIL ADDRESS:		N/A									
NAME OF EMPI	OVEE										
NAME OF EMPLOYEE: EMPLOYEE ID NO.:		JESSABELLE PASIGNASIGNA									
DEPARTMENT/DIVISION:		008201									
DEPARTMENT/DIVISION:		QUALITY ASSURANCE									
DEAR SIR / MAI	DAM										
PLE	EASE FIND	THE BELOW	AS THE ASSETS	HANDED	OVER TO YOU TO S	UPPORT YOU IN CARRYING					
OUT YOUR AS	SIGNMENT	IN A MOST F	PROFICIENT MAI	NNER.							
	NO.		PARTICULA	ARS	QTY	REMARKS					
	1	LENOVO THINKPAD LAPTOP E15			1	TFXC0813					
			11								
(AUTHORIZED S	SIGNATORI	ES)	Max								
REQUEST	TOR / APPR	ROVER	DENNIS BERNA	LES / ATS	USHITAKEUEHI	m, 2,20					
RESPON	SIBLE FOR	HANDOVER									
		A STATE OF THE PARTY OF THE PAR				EDGED THAT I HAVE RECEIVED					
				N.		ASSET(S) BELONG TO TOYOFLE RRYING OUT MY WORK, I HEREE					
						IY TO THE BEST POSSIBLE EXTE					
				•							
EMBLOVEE SIG	NIATUDE	_									
EMPLOYEE SIG		Cariation	na								
	JESS	ABELLE PAS	SIGNASIGNA								
DATE SIGNED											
Z. TIE OTOTIED		2022-02-22									
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Document No.	TCI	F-G084	Ver.	1	TOYOFLEX CEBU CORPORATION Retention Pe						

Document No.	TCF-G084	Ver.	1	TOYOFLEX C	Retention Period	
	rate and result of an	Prepared by:	Checked	by:	Approved by:	2 VEADS
Effectivity Date	2021-07-16	SUSETTE SURBANO REY DA		GATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	2 YEARS