

ASSETS HANDOVER FORM



REGISTERED OFFICE: MEDICAL FACTORY
CONTACT NO.: 3309
EMAIL ADDRESS:
NAME OF EMPLOYEE: ANTONNETE YANUARIO
EMPLOYEE ID NO.: 12097
DEPARTMENT/DIVISION: PR / SPGW

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
			TFX0499

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER JANET DINULONG / JUN KIKUCHI
RESPONSIBLE FOR HANDOVER

I, MR. / MRS. ANTONNETE YANUARIO 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

DATE SIGNED

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