## **ASSETS HANDOVER FORM**

## ANSAHIINTECC GROUP TOYOFLEX CEBU CORPORATION

REGISTERED OFFICE:	Device Factory
CONTACT NO.:	340 - 541 g
EMAIL ADDRESS:	
NAME OF EMPLOYEE:	CRISTINE OMDE DUHINOG
EMPLOYEE ID NO.:	011926
DEPARTMENT/DIVISION:	PC

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
	Lenove Els Captop	1	FXC0939
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250000

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

RESPONSIBLE FOR HANDOVER

I, MR. / MRSCRETINE JADE A. DUHINDO 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

2020.08.25

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