

ASSETS HANDOVER FORM



REGISTERED OFFICE:	DEVICE FACTORY
CONTACT NO.:	340-5418
EMAIL ADDRESS:	N/A
NAME OF EMPLOYEE:	ARRIESGADO, SHAINA I.
EMPLOYEE ID NO.:	009465
DEPARTMENT/DIVISION:	PRODUCTION CONTROL / INVENTORY CONTROL

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 LAPTOP E15	1	TFXC0658

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

RESPONSIBLE FOR HANDOVER

SUSETTE B. SURBANO

I, MR. / MRS SHAINA I. ARRIESGADO 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

SHAINA I. ARRIESGADO

DATE SIGNED

2021.07.16

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		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA		