

ASSETS HANDOVER FORM



REGISTERED OFFICE: DEVICE FACTORY

CONTACT NO.: 340-5418

EMAIL ADDRESS: N/A

NAME OF EMPLOYEE: DONNA MAE L. TIROL

EMPLOYEE ID NO.: 008996

DEPARTMENT/DIVISION: PLASTIC MOLDING

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	ACER DESKTOP	1	TFXC0417

(AUTHORIZED SIGNATORIES)

REQUESTOR / APPROVER

JENNIFER SOLABAR / NESTOR CAPE / MR. RYUSUKE SATO

RESPONSIBLE FOR HANDOVER

SUSETTE SURBANO

I, MR. / MS. DONNA MAE TIROL 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

[Signature]

DATE SIGNED

2021-07-16

Document No.	TCF-G084	Ver.	1	TOYOFLEX CEBU CORPORATION		Retention Period
Effectivity Date	2021-07-16	Prepared by:	Checked by:	Approved by:		2 YEARS
		SUSETTE SURBANO	REY DAGATAN / AMADITO ORTIZANO	TAKAFUMI MATSUNAGA		