ASSETS HANDOVER FORM

ANSAHI INTECC GROUP TOYOFLEX CEBU CORPORATION

REGISTERED OFFICE:

TOYOFLEX CEBU DEVICE

NAME OF EMPLOYEE:		Denisa L. Monter						
EMPLOYEE ID NO.:		007734						
DEPARTMENT/DIVISION:		Plastic Molding						
DEAR SIR / MAD	DAM							
PLE	EASE FIND TH	IE BELOW	AS THE ASSETS	HANDED (OVER TO YO	OU TO SUP	PORT YOU IN CARRYING	
OÙT YOUR AS	SIGNMENT IN	I A MOST F	PROFICIENT MAN	NNER.				
	NO.		PARTICULA		QTY	REMARKS		
			R DESKTOP VER		0G	1	TFXC0261	
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(AUTHORIZED S	SIGNATORIES	3)		2021 2021/2021	1-07-17	1021.07.17	20AM 2021 00 10	
REQUEST	TOR / APPRO\	/ER	Jenn	ifer Sola	bar / Nes		/ Ryusuke Sato	
RESPON	SIBLE FOR HA	ANDOVER	SUSATILE B. S	SURBANO				
			() V				 	
	I, MR. / N	_{MRS} Dei	nisa L. Monte	r	_HEREBY A	CKNOWLE	DGED THAT I HAVE RECEIVED)
			_	-			SET(S) BELONG TO TOYOFLE	
							(ING OUT MY WORK, I HEREB)	
	ASSURE	: I WILL IA	KE CARE OF IT	E DEVICE(S) OF THE C	COMPANT	TO THE BEST POSSIBLE EXTER	ND.
EMPLOYEE SIG	NATURE	\sqrt{a}	\					
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DATE SIGNED		A	14					
		2021- 07	-16					
Document No.	TCF-G	084	Ver.	1		TOYOFLEX	CEBU CORPORATION	Retention Perio
Effectivity Date	2021-07-		Prepared by:	Checked	-		Approved by:	2 YEARS
•			SUSETTE SURBANO	REY DA	GATAN / AMADIT	Ų ŲRTIZANO	TAKAFUMI MATSUNAGA	}