

## LIST OF WRITTEN-OFF ASSETS

From: To:

From: IO:																			
Name of Accountable Officers	Fund Cluster	Date Acquired	No.	Particulars/ Articles	prono	qty	Unit Acquisition Cost	Total Cost	Accumulated Impairment Losses	Carrying Amount/Net Book Value	Remarks	sales	Transfer	Destruction	Other (Specify)	Total	Appraised Value	OR No.	Amoun
																0.00			