

 CITADEL GROUP	COMPANY PROPERTY FORM	
	DOCUMENT OWNER	HUMAN RESOURCE DEPARTMENT
	DOCUMENT REFERENCE	SOP-HR-01-07
	EFFECTIVE DATE	15 SEPTEMBER 2023
	REVISION NO.	0

EMPLOYEE NAME:	Mohd Husni Rossli		
DESIGNATION:		COMPANY NAME:	

The undersigned acknowledges receipt form from CITADEL GROUP SDN BHD of the Company property/properties listed below to be used for business purposes only:

NAME OF ITEM	SERIAL / IDENTIFYING NUMBER	DATE OF RECEIPT
Laptop	J5H9003	
Laptop Charger		
Laptop Bag		
Wired Mouse		

- I understand and accept that the Property is the sole and exclusive property/property of the Company. I agree to use the Property only for official business purposes.
- I agree to exercise due care and attention in my use of the Property and preserve it in good condition. Carelessness/negligence while in my care and use of the company property/properties will be considered cause for disciplinary action by the Company, which will result in penalty and termination of my employment.
- I recognize that the property/properties must compulsorily be returned to the Company instantly upon termination / last day of my employment / upon request by the Company, or whichever occurs first.
- If any of the listed equipment breaks down or fails to work properly, I will immediately inform the Company and return it to the Company, so that it can be replaced with a proper working unit.
- I agree to report any loss of or damage to the property/properties immediately. I acknowledge and agree that I will be 100% responsible for paying the full repair or replacement costs of any company property/properties damaged, lost, or stolen while in my possession, and I 100% allow the Company to subtract those costs from my final paycheck.
- When I no longer require one or more of the items, I will return it instantly to the relevant department where I received my property/properties.



COMPANY PROPERTY FORM

DOCUMENT OWNER	HUMAN RESOURCE DEPARTMENT
DOCUMENT REFERENCE	SOP-HR-01-07
EFFECTIVE DATE	15 SEPTEMBER 2023
REVISION NO.	0

Employee Signature

Manager / Department Head Signature

Date

Date