

DISPOSAL FORM

Initiating Person (Asset Owner):		Designation/Department:		
Date:		Signature:		
Asset Proposed for Disposal				
Asset No / Serial No.	Description (Type and Model)	Location	Condition	Mode of Disposal*
* <u>In-house OR 3rd Party</u>				
Approval				
Name:	Designation:	Date:	Signature:	
Method of Secure Erasure / Sanitisation (Please tick all that applies)				
For internal disposal: <input type="checkbox"/> Secure overwriting <input type="checkbox"/> Physical destruction by hammering For 3rd party disposal: <input type="checkbox"/> 3 rd Party disposal vendor: _____ <input type="checkbox"/> Certificate of disposal / destruction obtained				
Name:	Designation:	Completion Date:	Signature:	
Verified by				
Name:	Designation:	Date:	Signature:	