

Name of Employee: \_\_\_\_\_

Employee Code: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

### ASSET ALLOCATION FORM

DATE ISSUED	ASSET DESCRIPTION	SERIAL NUMBER

I understand that this property has been assigned to me for official use but remains the property of **Estuary Business Solutions Limited**. I am required to exercise due care in my use of this property and for authorized purposes only. Negligence in the care and use shall necessitate replacement of the property and/or will be considered cause for disciplinary action.

I also understand that the company property must be returned to **Estuary Business Solutions Limited** at the time of my separation from employment or when it is requested by my manager or supervisor.

Name of Issuer/Department: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Issuer Date/Signature

*Kindly note that you are responsible for the proper management/handling of the asset. You are responsible for its usage and should any issue arises, the cost of repair will be borne solely by you.*