



Acknowledgment of Company ID and Access Card

This is to acknowledge the receipt of the following company property:

1. Company ID with sling
2. Access Card

For any loss, damage and/or replacement of Access card and company ID sling will have a penalty of:

Company Sling – Php 100.00

Access Card – Php 500.00

Montage Key Card – Php 700.00 (For employees assigned in Montage building only)

By signing this form, I agree that I am responsible for the company property issued to me and agree that I will use it in the manner intended. Upon separation from **iPloy, Inc.**, I will return the access card, company ID and sling in good condition. I also understand that I have to pay the specified items issued to me that are damaged or lost in my possession. In this regard, failure to return the company asset/s in good condition and/or in case of loss, I hereby authorize a payroll deduction to cover its replacement cost. Moreover, I was informed that in case of loss either of the above-mentioned company issued assets, I am obliged to secure affidavit of loss.

Acknowledged by:

Signature Over Printed Name/Date
Employee ID: _____

Released by:

Signature Over Printed Name/Date
Employee ID: _____

Acknowledgment of Company ID and Access Card

This is to acknowledge the receipt of the following company property:

1. Company ID with sling
2. Access Card

For any loss, damage and/or replacement of Access card and company ID sling will have a penalty of:

Company Sling – Php 100.00

Access Card – Php 500.00

Montage Key Card – Php 700.00 (For employees assigned in Montage building only)

By signing this form, I agree that I am responsible for the company property issued to me and agree that I will use it in the manner intended. Upon separation from **iPloy, Inc.**, I will return the access card, company ID and sling in good condition. I also understand that I have to pay the specified items issued to me that are damaged or lost in my possession. In this regard, failure to return the company asset/s in good condition and/or in case of loss, I hereby authorize a payroll deduction to cover its replacement cost. Moreover, I was informed that in case of loss either of the above-mentioned company issued assets, I am obliged to secure affidavit of loss.

Acknowledged by:

Signature Over Printed Name/Date
Employee ID: _____

Released by:

Signature Over Printed Name/Date
Employee ID: _____