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|  |  | **FROM** |  | **TO** |
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| **DEPARTMENT** |  |  |  |  |
| **ADDRESS/FLOOR** |  |  |  |  |
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| **AUTHORIZATION** |  | NAME | SIGNATURE |  | NAME | SIGNATURE |
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| **S/N** | **Asset Tag** | **Serial Number** | **Other Description** |
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| **Removal Name:** |  |  | **Recipient Name:** |  |
| **Signature/Date:** |  |  | **Signature/Date:** |   |
| **Mobile no:** |   |  | **Mobile no:** |   |

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| **Approval** |  | NAME | SIGNATURE |  | NAME | SIGNATURE |
| **Security:** |  |  |  |  |  |  |

*Form must be authorized by IT Asset Management Manager or designate.*

*Form must be accurately filled including Asset tags and Serial numbers where applicable.*

*Other Description, the asset type should be defined: Laptop, switch, Desktop; model type/no. can be included as required.*