	ASSET	HANDOVER F	ORM	
		Lamama Foods		
Registere Contact N Email :	ed Office: No. +91 FAX: +91 Website:			
Name of Employee : Employee Code No : Department :			Asset Transfer No: Handover Date: Handover By:	
Please fin	Madam ratulate you for joining Lamama nd the below as the assets hande ent in a most Proficient manner.	•	oport you in	carrying out your
Sr. No.	Particulars	Asset Code	Qty	Remarks
Authorized Signatory Authorized Signatory				Authorize Signatory
(Perso	(Person Requesting) on responsible for hand-over)			( Approver)
	LEDGEMENT AND DECLARATION B		h	ereby acknowledge that I
received t possession	ut my office work. I hereby assure		_	
			I	Employee Signature:

Other Remark: