

Fixed Assets Declaration

Declaration Details

Employee Name		Employee ID	
Department		Date	

Fixed Assets Information

Asset Name / Description	Asset ID / Serial No.	Date of Issue	Condition	Location	Remarks

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I acknowledge that I am responsible for the care and safekeeping of the above assets assigned to me. In case of loss or damage, I will notify the management immediately and follow the prescribed procedures.

Signature of Employee

Signature of Approving Authority

Important Notes

- This declaration must be completed by all employees in possession of company fixed assets.
- Any loss, theft, or damage of assets should be reported immediately.
- Assets handed over must be in the same condition as issued, barring reasonable wear and tear.
- Retention or misuse of assets may result in disciplinary action.
- Keep a copy of this signed form for your reference.