



APPLICANT DETAILS

EMPLOYEE NO : _____

TITLE, INITIAL(S), SURNAME : _____

DEPARTMENT : _____

DATE : _____

- An amount of **R 1000.00** or **10% of initial cost value** whichever is a greater should be payable at the Cashiers.
- **Ref. F001/9520 (Include Staff Number).**
- The asset's cost value should be verified by Assets department.
- The asset should have reached the original estimated useful life.
- Proof of payment should be attached to this form.
- You need to arrange with your line manager for a gate release once all approvals are in place.
- This asset is classified as used; therefore, software is not included in the purchase and a no return policy applies for any damages or faults after purchasing.
- All data will be deleted from the device.
- IT Services will not support these assets once purchased.

NOTE: You are restricted to two equipment per year.

Asset Number	Date Acquired	Initial Cost Value	Payable (ZAR)
			<u>Amount Paid (ZAR):</u>

APPROVALS

Line Manager	<u>Initials and Surname:</u>	<u>Signature & Date:</u>
IT Services Technician	<u>Initials and Surname:</u> <u>Ticket Number:</u>	<u>Signature & Date:</u>
ASSET DEPARTMENT (Permanent Staff of the Asset Department)	<u>Initials and Surname:</u> <u>Receipt Number:</u>	<u>Signature & Date:</u>