

PERMIT: GATE PASS



UNIVERSITY OF NAMIBA
ASSETS MOVEMENT CONTROL SHEET

FACULTY / DEPARTMENT

PERMISSION GRANTED TO:

RESIDENTIAL ADDRESS %:

CONTACT NUMBER :

STAFF/STUDENT NO:

VEHICLE REG NO:

TO PASS ITEMS BELOW FROM: 18/03/ 2020

TO BE RETURNED ON: 18/04/2020

Table with 3 columns: ASSET TAG NO, DESCRIPTION, SERIAL NUMBER

%this is the address where the asset will be kept or utilised.

MOTIVATION:

SIGNATURE: .....

DATE: ...../...../.....

AUTHORIZED BY: .....

DATE: ...../...../.....

SIGNATURE: .....

VERIFICATION BY ASSET SECTION

NAME: .....

DATE: ...../...../..... TIME OUT: .....

SIGNATURE:.....