



AUTHORISATION TO REMOVE GOODS FROM GWC BUILDINGS/PREMISES

A. FOR THE USE OF AUTHORISING OFFICER

PERSON AUTHORISED TO REMOVE GOODS DEPARTMENT: _____

Name: _____ Component/Firm: _____

Persal Nr: _____ Tel/Ext: _____ Access/Visitor's permit No: _____

Reason: _____

SIGNATURE: _____ DATE: _____

DESIGNATION: _____

GOODS Computer Other equipment

No. of items: _____

Description: _____

Serial No. (where applicable): _____

AUTHORISATION BY DEPARTMENT: _____

Name: _____ Component/Firm: _____

Persal Nr: _____ Office No.: _____ Tel. No.: _____

Item(s) must be / will not be returned on: _____

SIGNATURE: _____ DATE: _____

DESIGNATION: _____

B. FOR THE USE OF SECURITY STAFF

I hereby confirm that the goods have been removed, verified and checked. Goods are as indicated.

NAME OF OFFICER: _____ DATE: _____

ACCESS POINT: _____ BUILDING: _____

Removal of goods between two buildings: From _____ To _____

SIGNATURE: _____ DATE: _____ TIME: _____