

No	Date	Description & Purpose of Item	Estimated/ Actual Value (indicate the currency)	Given by (name and organisation)	Provided To (name and organisation)
1					
2					
3					
4					
5					
6					
7					
8					

Please add rows as necessary

Remarks on Item No. (if Applicable)

Prepared by Receiver or/and
Giver:

Verified By:

Reviewed by:

Acknowledged by:

Name:
Position:

Date:

Name:
Position: Supervisor/HR
Department
Date:

Name:
Position: Group Compliance
Staff
Date:

Name:
Position: Group Compliance
Officer
Date: