INGRESS FORM

LIST OF NON-ELECTRICAL MATERIALS AND EQUIPMENT

Registered Business Name/Company Name:	
Company Trade Name: (Brand Name)	
Contact Person:	
Contact Number:	
Location:	

Note: Please ensure that all items have a property label/tag.

Count	Equiment / Appliance Name	Specifications	Serial Number	Quantity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			OVERALL ITEMS	0