## (Company Name)

## REPORT ON GIFTS RECEIVED

Par	t A – To be completed by Receiving Staff		
То :	The Human Resources Manager		
	Cription of Offeror :  Name & Title of Offeror :  Company :  Relationship (Business / Personal) :		
	easion on which the Gift s / is to be Received:		
Des	cription & (Assessed) Value of the Gift :		
Sug	gested Method of Disposal :	Remark	
(	) Retained by the Receiving Staff		
(	) Retained for Display / as a Souvenir in the Office		
(	) Share among the Office		
(	) Reserve as Lucky Draw Prize at Staff Function		
(	) Donate to a Charitable Organization		
(	) Return to Offeror		
(	) Others (please specify) :		
(Date)		(Name of Receiving Staff) (Title)	
Par	t B – To be completed by Approving Authority		
То :	(Name of Receiving Staff)		
	The recommended method of disposal is *approximately approximately appro	oved / not approved. *The gift(s)	concerned
shou	ald be disposed of by way of:		
(Da	ta)	The Human Resources Mana	ger

(Date)

<sup>\*</sup> Please delete as appropriate