



MOGALAKWENA MUNICIPALITY

## Asset Disposal Form

**DATE REQUESTED:**

**DEPARTMENT**

**ASSET BARCODE**

**ASSET DESCRIPTION**

**ASSET LOCATION**

**CLASSIFICATION OF ASSET**

**SUGGESTED METHOD OF DISPOSAL**

**CONDITION OF ASSET:**

**REASON FOR REQUEST FOR DISPOSAL:**

**REQUESTING OFFICIAL:**

**NAME & SURNAME:**

**SIGNATURE**

**HOD RECOMMENDATION:**

**NAME & SURNAME**

**SIGNATURE**

**MCSSS APPROVAL:**

**NAME & SURNAME:**

**SIGNATURE**

**MM APPROVAL:**

**NAME & SURNAME:**

**SIGNATURE:**