



Rustenburg Local Municipality Device Return Form (Form C)

To be completed by officials returning a cellphone or data tools under the Cellphone and Data Policy

1. Returning Official Details

Name and Surname: _____

Job Title: _____

Post Level: _____

Department / Directorate: _____

Employee Number: _____

Contact Number: _____

Date of Return: _____

2. Reason for Return

Reason for Returning Device:

- Termination of Employment
- Promotion / Demotion / Transfer / Secondment
- Device Upgrade
- Withdrawal by Municipal Manager
- Other (Specify): _____

3. Device Details

Type of Device / Service Returned:

Cellphone / Data Services

Cellphone Make and Model: _____

Serial Number/IMEI: _____

SIM Card Number: _____

Condition of Device:

- Good Working Order
- Damaged (Specify):

4. ICT Department Verification

Name and Surname of ICT Officer: _____

Verification of Device Condition: _____

Comments (e.g., repairs needed, costs to be recovered):

Signature: _____

Date: _____

5. Supervisor / Line Manager Confirmation

Name and Surname: _____

Job Title: _____

Confirmation of Return:

I confirm that the above device / services have been returned to the Directorate:
Corporate Support Services in accordance with the Cellphone and Data Policy.

Signature: _____

Date: _____

6. Declaration by Returning Official

I, _____ hereby confirm that I have returned the cellphone or data tools described above to the Directorate: Corporate Support Services. I acknowledge that I have complied with the Rustenburg Local Municipality Cellphone and Data, including reporting any damage or loss using the Incident Report Form (Form G), if applicable. I understand that any costs due to negligence or private use may be recovered from me, including excess amounts for insurance claims.

Signature: _____

Date: _____

**7. Directorate: Corporate Support Services
Acknowledgement**

Name and Surname of DCSS Representative: _____

Confirmation of Receipt:

I confirm that the device / services described above have been received by the
Directorate: Corporate Support Services.

Signature: _____

Date: _____