**AS004 – ASSET RETIREMENT FORM**

* Please complete sections [1](#_SECTION_1:_), [2](#_SECTION_2:_) (one part only) and [3](#_SECTION_3:_) for each asset to be retired.
* Refer to [PUR001](https://uct.ac.za/media/10307) for the Disposal of redundant and second hand goods and [GEN002](https://uct.ac.za/media/10311) for the Delegated authority policy.

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| ***SECTION 1: Origin and description of asset:*** |
| Disposing department name |  | Disposing department ORG code |  |
| Asset description |  | Asset number |  |
| Date acquired |  | Book value at date of retirement |  |
| Original cost |  | PO number/PCard doc number of original purchase |  |
|  |
| ***SECTION 2: Method of disposal*** |
| **2.1** | ***RETURNED FOR CREDIT: Complete this section and section 3, and send to*** ***fnd-assets@uct.ac.za******.***  |
| Date returned |  |
|  |
| **2.2** | ***LOST, STOLEN, OR DAMAGED BEYOND REPAIR:* *Complete this section and section 3, and send to*** ***fnd-assets@uct.ac.za******.***  |
| Details of incident |  |
| Date of incident |  | Insurance claim number, if applicable |  |
|  |
| **2.3** | ***TRADED-IN: Complete this section and section 3, and send to*** ***fnd-assets@uct.ac.za******.*** |
| Date traded-in |  | Trade-in amount  |  |
|  |
| **2.4** | ***SOLD: Complete this section and section 3, and send this form together with the proof of payment to*** ***fnd-assets@uct.ac.za******NB: No SD forms to be submitted to the Debtors department – the Assets department will receipt the money into the appropriate fund*** |
| Customer name |  | Customer number | 18888 |
| Fund the sales proceeds to be processed against |  | Date sold |  |
| Cost centre sales proceeds to be processed against |  | Amount received |  |
| ***Note:*** *Please inform the customer that the bank statement payment reference should include the prefix* ***“Asset Sale 18888”****.* |
|  |
| **2.5** | ***DISCARDED or DISMANTLED: Complete this section and section 3, and send the form to*** ***fnd-assets@uct.ac.za*** |
| Details  |  |
| Date discarded/dismantled |  |
|  |
| **FORM COMPLETED BY**:  | *Name:* | *Signature:* | *Date:* |

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| ***SECTION 3: Authorisations*** |
| **ALL RETIREMENTS** | **HEAD OF DEPARTMENT** |
| *Name:* | *Signature:* | *Date:* |
| **ALL RETIREMENTS WITH BOOK VALUE > R 50 000**  | **DEAN / GSB DIRECTOR / ED: PASS DEPARTMENT** |
| *Name:* | *Signature:* | *Date:* |
| **ALL RETIREMENTS WITH BOOK VALUE > R500 000** | **DVC (RESEARCH & INTERNATIONALISATION) / CHIEF FINANCIAL OFFICER** |
| *Name:* | *Signature:* | *Date:* |
| **LAND AND BUILDING** | Approval by UFC and Council |