

GUARANTOR FORM

(For Auto-Repair training/Apprenticeship only)

GUARANTORS' DETAILS:

NAME: _____
Surname First Name Middle Name
RELATIONSHIP WITH THE STUDENT/APPRENTICE: _____
HOME ADDRESS: _____
OCCUPATION: _____
OFFICE ADDRESS: _____
TEL: _____ EMAIL: _____

STUDENT/APPRENTICE DETAILS:

NAME: _____
Surname First Name Middle Name

GUARANTOR'S AGREEMENT: I have examined the information I have provided on this application and hereby agree that all the questions I have answered are true to the best of my knowledge.

Guarantor is fully aware that each Trainees/Apprentices is jointly and severally liable for all financial responsibilities of this apprenticeship, therefore; as a guarantor, I WILL ALSO BE JOINTLY AND SEVERALLY LIABLE FOR ALL FINANCIAL RESPONSIBILITIES.

Financial responsibilities include, but are not limited to, payment of any unpaid fees and replacement or repair of any damaged to AUTO CLINIC CENTRE LTD's tool, machine, property or the property of others.

This form is an acknowledgement that guarantor accepts full financial responsibility for the apprenticeship term and conditions. Guarantor's form will be attached and made part of the apprenticeship Agreement.

If legal action is necessary concerning this agreement, I understand and agree that the jurisdiction and venue for such action will be in the state in which the organization is located.

Name Signature Date

NOTE: Please attach a passport photograph and valid means of identification to this form.