

QA Division PST 182

Document: SYNLAB Nigeria Employee Manual

| Date: | |
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| The Human Resource Department SYNLAB Nigeria 9 Egbeyemi Street, Off Coker Road Ilupeju Lagos | |
| Dear Sir/Madam, | |
| GUARANTEE FORM (Form A) | |
| I(N | , |
| (Address & Mobile No) hereby write to confirm that Mr/Mrs/Ms | are that he is about to be /or alread formally write to indicate ployment of your is involved in any hission involving dishonesty, brized absence, I shall be equired by the Company, in |
| Name of Guarantor/Signature and Date | |
| Witnessed by: | |
| (1) Head, Human Resources | Date |
| Any other employee / his immediate supervisor | Date |

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