



GUARANTOR FORM

NAME: Ladi

OTHER NAMES: Favour Agah

E-MAIL: Agahfavour961@gmail.com

MOBILE NO: 08138199804

DATE OF BIRTH: 29/7/1990

STATE OF ORIGIN: plateau

LOCAL GOVERNMENT AREA: Bassa

VILLAGE: miango

OFFICE ADDRESS: Almadina Clinic opp. M.A Barrack 2aris

OFFICE CONTACT PHONE NUMBER: 0805574834

RESIDENTIAL ADDRESS: Kwangila Behind mummy's Hospital 2aris

HOW LONG HAVE YOU KNOWN THE APPLICANT? 10yrs

RELATIONSHIP: Relative

I, Mr/Mrs/Miss Ladi Favour Agah have agreed to stand as a Guarantor to
Dr. Vase Fidelis Izumir that He / She is my Brother/ Sister / Relative. I have
known him/her for the period of 10yrs

I promise to produce him/her or take responsibilities should there be any act of theft, fraudulent activities, illegal activities damaging of Company's property, inappropriate resignation or any case of absconding as the case may be.

SIGNATURE: [Signature]

DATE: 19/03/2022

OFFICIAL USE ONLY PLEASE

Manager's comment:

Signature: Date: