

AGENTS GUARANTOR FORM

Please affix
passport photo

To whom it may concern

 $I/We,$

Mr. ☐ Mrs. ☐ Others (specify)

[illegible]

Address

[illegible]

E-mail Address

[illegible]

Phone Number

Mobile

Occupation

A horizontal number line with boxes for each integer from 0 to 20. A yellow arrow starts at the box for 10 and points to the box for 15.

Self Employed

☐ Employed ☒ Organization name

Organization

LGA	MEDICAL	State
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Will personally guarantee the Agent:

[illegible]

As follows:

The GUARANTOR hereby absolutely, irrevocably and unconditionally guarantees the due and punctual performance, satisfaction, payment and discharge of the Guaranteed Obligations to MERRYBET GOLD LIMITED. If the Guaranteed fails to pay any Guaranteed Obligations, GUARANTOR shall forthwith pay to MERRYBET GOLD LIMITED the amount due in the same currency and manner. This Guarantee shall constitute a guarantee of payment and not of collection.

GUARANTOR shall have no right of subrogation with respect to any payments it makes under this Guarantee until all of the Guaranteed Obligations have been paid in full. GUARANTOR's liability hereunder shall be and is specifically limited to payments expressly required to be made by the Agent.

Signature Date

This form must be returned along with photocopies of:

- A recent Utility bill showing current address (not less than two months from current date)
- A work Identification Card
- Mode of Identification (National ID, Driver's License or International Passport)