



GUARANTOR'S FORM

Full Name of Applicant:

Guarantor's Full Name:

Surname

Other Name

Nationality:

State of Origin:

Local Government Area: Age:

Address in State of Origin (Not P.O Box):

Guarantor's Home/Physical Residential Address (Not P.O. Box):

.....

Mobile Phone Number(s):

Occupation:

Guarantor's Business/Employer's Address (Not P.O. Box or P.M.B): ...

.....

How Long Have Known Applicant:

What is Your Relationship to the Applicant:

It Is Hereby Agreed That I Am Signing This Guarantor's Form with the Full Knowledge That

I, (Hereinafter called "THE GUARANTOR") hereby guarantee to make good to **THE MORGANS CONSULTING**, all losses (If any) arising in course of his/her employment period.

1. accept liability over applicant's deeds if and when employed by our organization



International Partners:



Nigerian Address: 1, Adeola Adeoye Street, off Toyin Street, Ikeja, Lagos Nigeria.

UK Address: International House, 24, Holborn Viaduct London EC1A 2BN, United Kingdom

+2341 7001 770, +234 915 341 4314 enquiries@morgansconsortium.com complaints@morgansconsortium.com

www.morgansconsortium.com

2. That I will be responsible at all times for all his/her acts in the normal course of employment and will remain liable at all times for all duties and obligations.

Signature: Date:

Your signature to the above signifies your acceptance to the terms of this Guarantee and that all information provided is correct.

Please attach an identity to enable us verify your signature and photograph.

(Photocopies of your Driver's license/NIMC/International Passport and Company ID card must be attached).

Please, note that any false information given or supplied shall affect the applicant employment.

WITNESS:

Name

Mobile Phone Number(s):

Occupation:

Signature: Date: