

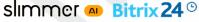
GUARANTOR'S FORM

| Full Name of Applicant: | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| Guarantor's Full Name: | | | | | |
| 37 ct 10 | | | | | |
| 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: | | | | | |









| 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: | | | | |
| | | | | |
| | | | | |

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

2.

obligations.