**APHANTEE PHARMACEUTICAL NIG. LTD.**

**GUARANTORS FORM**

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I, MR/MRS/CHIEF/PROF/DR/PASTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WISH TO STATE THAT I HAVE KNOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YEARS NOW.

I HEREBY GUARANTEE HIM/HER AGAINST ANY LOSS THE COMPANY MAY INCURE AS A RESULT OF HIS/HER ACTIVITIES IN THE COMPANY.

I PROMISE TO BE AVAILABLE AT ANY TIME I MAY BE CALLED UPON IN CONNECTION WITH THE ACTIVITIES OF THE ABOVE STAFF.

YOURS SINCERELY,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**  **SIGNATURE** **DATE**

**PHYSICAL ADDRESS:**   **E:MAIL:** **TELEPHONE:**

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**NB:** please attach your passport photograph in the position provided above and attach photocopy of your international passport or driver’s license, and a **signed Current Account** **Cheque** of N200,000(two hundred thousand naira only).

STATE OF ORIGIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCAL GOVERNMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME TOWN OF ORIGIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME TOWN ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP WITH STAFF BEING GUARANTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_