



DOVERS DENTAL CLINIC LTD GUARANTOR'S UNDERTAKING FORM

- **This form must be completed in the guarantor's own handwriting**
- **Students and Unemployed Persons are not to stand as guarantors**
- **Guarantor cannot stand as a referee and vice versa**
- **Guarantor must state their valid and functional email address and phone numbers**
- **Guarantor must be between 30 - 70 years old and must be any of the following:**

Guarantor	Requirement
A Civil Servant (Grade Level 7 & above or Grade level 6 with not less than 10years experience in civil service)	<input type="checkbox"/> A copy of Official ID Card <input type="checkbox"/> A Passport sized photograph with name and signature at the back <input type="checkbox"/> A copy of Driver's license, or National identity card, or international passport
A Banker	<input type="checkbox"/> A Passport sized photograph with name and signature at the back <input type="checkbox"/> Copy of Bank's ID Card <input type="checkbox"/> A copy of Driver's license, or National identity card, or international passport
A practicing professional such as Lawyer, Doctor, Pilot, Chartered Accountant, Registered Engineer	<input type="checkbox"/> A Passport sized photograph with name and signature at the back <input type="checkbox"/> Copy of Work ID Card <input type="checkbox"/> A copy of Driver's license, or National identity card, or international passport
A Lecturer in a reputable Higher Institution	<input type="checkbox"/> Copy of Work ID Card <input type="checkbox"/> A Passport sized photograph with name and signature at the back <input type="checkbox"/> A copy of Driver's license, or National identity card, or international passport
Registered Business Owners (Limited Liability Companies)	<input type="checkbox"/> A passport sized photograph with name and signature at the back <input type="checkbox"/> Copy of Work ID Card <input type="checkbox"/> Copy of Company registration document (CAC/CO7) <input type="checkbox"/> A copy of Driver's license, or National identity card, or international passport <input type="checkbox"/> Copy of

N.B: Kindly ensure that your guarantors complete all the fields in the form below as wrong, unverifiable and falsified information of your guarantors will lead to disqualification of your application/termination of employment where applicable.

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AFFIX
GUARANTOR'S
PASSPORT
HERE

PLEASE, DO NOT GUARANTEE SOMEONE NOT WELL KNOWN TO YOU FOR AT LEAST 3 YEARS. ALSO PROVIDE VALID AND FUNCTIONAL EMAIL AND CONTACT PHONE NUMBERS

AS A GUARANTOR, YOU WILL BE CONTACTED FOR VERIFICATION, AS IT IS A REQUIREMENT BEFORE OFFER LETTERS ARE GIVEN TO THE APPLICANT. KINDLY RESPOND IMMEDIATELY AND WITHIN 24HRS ONCE CONTACTED

EMPLOYEE'S DATA: Title: _____

SURNAME, Other Names _____

GUARANTOR'S DATA

Title: _____

SURNAME, Other Names _____

*Date of Birth: _____ Age: _____

*Religion: _____

*Residential Address: _____

*Nearest Bus stop: _____

*Closest landmark: _____

*Mobile Telephone No(s)

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Personal Email Address: _____

*Business/Organisation Name: _____

*Business/Organisation Address: _____

*Nearest Bus stop: _____

*Closest landmark: _____

Office Telephone No(s):

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*Occupation/Profession/Job Title: _____ Since _____

*Job Grade/Level at Work: _____

*Official Email Address: _____

**DOVERS DENTAL CLINIC LTD
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DECLARATION BY GUARANTOR

I _____ hereby confirm that

Mr./Mrs./Miss _____

of (candidate's address) _____

has been known to me for _____ years as (State Relationship) _____

I declare that all information and ID tendered for this purpose are valid and authentic, any false information given may lead to termination of the job offer.

I confirm that the applicant's house address provided above is valid and correct.

I confirm that he/she is of good character, fit and proper to be considered for employment. I, on the strength of this, accept to be his/ her Guarantor; produce him/her or to indemnify Workforce Outsource and / or its subsidiaries or related companies for any loss or liability suffered or incurred as a result of the action, inaction, negligence or fraud by the Employee should the need arise.

If I am unable to produce him/her for any loss or liability suffered or incurred as a result of his/her action, inaction or fraud; and if he is unable to in his/her own capacity remedy or refund within an agreed time loss or liability suffered or incurred; I as the Guarantor accepts to remedy or refund the loss or liability suffered

Please Note:

"Workforce Outsource requires that you assume the responsibility of regularly counselling the candidate to ensure that he/she is of good conduct at all times."

I hereby declare and affirm that the statements are true and correct in accordance with the Oaths Law of Nigeria.

Guarantor's Signature/Date

Witness Full Names, Signature and Date