**GUARANTOR FORM**

This form is to be completed by the Guarantor in respect of the employment of the undersigned employee. The Guarantor shall be responsible for ensuring the good conduct, honesty, and due performance of duties by the employee during their employment with the Company.

Employee Information

|  |  |
| --- | --- |
| Full Name |  |
| Position |  |
| Department |  |
| Start Date |  |
| Residential Address |  |

Guarantor Information

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to Employee |  |
| Occupation |  |
| Residential Address |  |
| Phone Number |  |
| Email Address |  |
| Means of Identification (Attach copy) |  |

Declaration

I, the undersigned Guarantor, hereby affirm that the information provided above is true and correct to the best of my knowledge. I understand and accept the responsibility of guaranteeing the good conduct and obligations of the employee listed above during the period of their employment with the Company. I also understand that I may be contacted or held accountable in the event of any gross misconduct, financial misappropriation, or damages caused by the employee.

Guarantor’s Signature

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

Witness Information

|  |  |
| --- | --- |
| Full Name of Witness |  |
| Residential Address |  |
| Phone Number |  |
| Signature & Date |  |