

Name, Address and Business of employer for whom the Guarantee is required and the date of engagement.

(a) Name []
 (b) Address []
 (c) Business [] (d) Date of Engagement []

Position or appointment for which this guarantee is required and amount of guarantee []

Annual salary, commission and other income

Salary []
 Commission []
 Other Income []

If you have a bank account please state Name and postal address of bank and type of account i.e. Current or deposit. []

Give details of your career during the past ten years mentioning all employers and if you hold any reference from them please forward for

From		To		NAME AND FULL ADDRESS OF EMPLOYER (IN BLOCK LETTERS)	POSITION OCCUPIED	REASON FOR LEAVING
Month	Year	Month	Year			

N.B. The period must be fully accounted for. (If in sufficient space continue on a separate sheet).

Give the names of householders (not relatives, Employer or Former Employer) who knows you well to whom the company may refer

NAME	FULL ADDRESS	PROFESSION OR OCCUPATION

I HEREBY DECLARE that I have in the above replies stated the truth, without any reservation whatsoever. I am aware that I am liable to indemnify the GUINEA INSURANCE PLC against any loss which it may sustain by reason of having granted the required Guarantee.

Date [] Signature of Applicant []

N.B. The company reserve the right to decline any applicant or to impose special conditions for the guarantee without giving any reasons

GUINEA INSURANCE Plc. RC. 1808

...Exceeding your Expectations

FIDELITY GUARANTEE-APPLICANT'S FORM



Contact Us For The Following Risk:

- Fire • Motor • Marine & Aviation • Burglary
- Cash In Transit • Personal Accident • Contractor's All Risk
- Workmen's Compensation • Goods In Transit
- Fidelity Guarantee • Oil & Gas. Etc



CORPORATE HEAD OFFICE
 4th & 5th Floor Guinea Insurance House
 33, Jibowu Lagos Lagos.
 ☎: 01-4622050-2, 018446470
 ✉: info@guineainsurance.com
 🌐: www.guineainsurance.com

BRANCH NETWORK

ABUJA: Regional Office
 No. 24 Qungadougou Street, Wuse
 Zone 4, Abuja
 Contact - Abdul-Rasheed Salau
 asalau@guineainsurance.com
 08034017776

PORT HARCOURT: Regional Office
 174, Aba Road,
 Opp. Waterline Building,
 Port Harcourt, Rivers State
 Contact - Tony Okafor
 aokafor@guineainsurance.com
 08033122713

IKEJA: Regional Office
 5th Floor, Skywater Towers
 6, Yemi Oshikoya Street, By Etiobet's Place
 Off Mobolaji Bank Anthony Way
 Ikeja, Lagos.
 Contact - Prince Nzedu
 nzedu@guineainsurance.com
 08033460118

KADUNA

2nd Floor, NNIL Building
 Hamza Zayyad House
 Waff Road, Kaduna
 Contact - Ja'afar Baba Saleh:
 jbabasaleh@guineainsurance.com
 08033359797

ONITSHA

Ibeto House
 60A, Old Market Road, Onitsha
 Anambra State.
 Contact - Canice Offor: coffor@guineainsurance.com
 08037173340

BENIN

Edo House
 6, Apakpakva Street,
 Benin City
 Contact - Abraham Ehibor:
 aehibor@guineainsurance.com
 08036666599

KANO

22, Zaria Road
 Opposite Umar Ibn Quattab Mosque Kano
 Contact - Ladi Jacob
 jladi@guineainsurance.com
 08054410004

NOTE: "an insurance agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant".

Personal Information (To be completed by individual client)

Title: Mr/Mrs/Chief/ Dr/Others(Please indicate)

Name
Surname First name Last name

Gender Marital Status Religion

Contact /Postal Address Date of Birth

Nationality Tel: E-mail

Next of Kin: Residential Address

Occupation / Profession

Name of Company / Address

Expected Annual Income Residence/Work Permit

Corporate Information (To be completed by corporate client)

Company Name:

Contact Person:

Full Postal /
 Contact Address
(for all correspondence)

Phone Number (s)
For land line, please indicate dialing code

GSM Number(s) /

Fax Number E-mail address
(if available)

Business/Occupation
(Please give full details)

Business Anniversary Date
Day Month

We can send alerts to you for renewal of your policy(ies). Please confirm how you would prefer to receive your alert

E-mail: SMS BOTH

Customer Identification

Name

International Passport No Date of Issuance DD / MM / YY

Driver's License No Date of Issuance

Name of Banker

Source of Funds: Individual Salary Business Corporate Sales of Property Others
(tick appropriate place)

Other Sources of Income apart from above.

Annual Income/Turnover

Utility Bill

Please note that you do not have to complete this form if you have done so or if your address has not changed within the last renewal.

FIDELITY GUARANTEE-APPLICANT'S FORM

NOTE: Every question must have a written answer. If a negative reply is intended put 'no' or 'none' where applicable.

1. (a) Are you a householder?

(b) How long have you lived at your present residence?
 If less than twelve months please give your previous address

(c) Is the furniture your own? If so, state,
 (i) Its estimated value:
 (ii) Whether it is free all liability

2. Please state: (a) Age (c) Whether single or married
 (b) Nationality (d) Number of dependent

3. Have you any property or are you entitle in reversion to any
 If so, please state approximate value and amount of any charges or mortgage in connection therewith.

4. (a) if you have any private liabilities or debts give particulars
 (b) Are you Security or Surety for any person?

5. Where you ever bankrupt or insolvent or have you ever arranged with your creditors? If so, state when and if now discharged

6. Have any Court judgments or Bills of Sales been registered against you? If so, particulars must be given

7. Is your life assured?
 If so, state name of company, amount of policy and whether charge or assignment has been lodged against the policy.

Do your represent other firm? If so, please give their name and address and state if the company may refer to them

Have you made any previous application for guarantee? If so, give the names of Companies, date of applications, amount and results.