

SECRET

INDEPENDENT CORRUPT PRACTICES AND OTHER RELATED OFFENCES COMMISSION

GUARANTOR'S FORM

STAFF PERSONAL DATA

NAME OF STAFF:.....

RANK:.....

STATE OF ORIGIN:..... Local Govt. Area:

DATE OF BIRTH:.....

RESIDENTIAL ADDRESS:.....

PERMANENT HOME ADDRESS:.....

SEX:..... TEL. NO:.....

GUARANTOR'S DATA

i) NAME OF GUARANTOR:.....

ii) STATE OF ORIGIN:..... LOCAL GOVT:.....

iii) OCCUPATION:.....

iv) HIGHEST POSITION HELD BEFORE:.....

v) ADDRESSES (a) Residence:.....

(b) Home Town:.....

vi) TEL. NO.(s):

vii) e-mail: DATE OF BIRTH:

DECLARATION

i) What is your relationship with the Officer?

ii) How long have you known the Officer?:

iii) Is the Officer a fit and proper person to be engaged in an Anti-Corruption Agency?

iv) If yes give reasons:

.....

I, of the above address do solemnly declare,

in my honour, that I will locate and produce the officer should the need arise.

Date:.....

Thumbprint:.....

Seal

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