



(NAME AND RESIDENTIAL ADDRESS OF GUARANTOR)

UzumeFune Nneka Cynthia  
5 Talabi close, Jubilee Estate  
Ikeja Lagos state

passport  
photograph

Mobile Phone Number 08033833484

Dear Sir,

#### LETTER OF REFERENCE

We are considering the application of Mr. /Ms. Omerzi Nwabunaku Samuel  
for recruitment as a staff in our company. He /she has  
given your name as one of his/her guarantors for the period he/she will work with the  
company. You are therefore required to read and sign the Guarantor's Form below if the  
conditions contained therein are acceptable to you.

Yours faithfully,  
AMERICAN AIRSEA CARGO LIMITED

VERIFICATION OFFICER



### GUARANTOR'S FORM

I, Mr./Ms. Dr. Uzumefure Nneka Cynthia Age 32 who works  
with St. Leo's Medical Centre at 19/21 Togo  
Street Ikeja do hereby confirm that I have  
known Mr./Ms. Omezi Samuel Nwaburaku for the  
past ..... years, having related with me as a cousin  
therefore accept to stand as his/her guarantor, for the position he/she is being appointed by  
American AirSea Cargo Limited.

I agree to produce the said Omezi Samuel Nwaburaku when I am  
required to do so and to settle the cost of goods or property placed in his/her care as may  
be valued in the event of theft, loss or damage as a result of his/her default or negligence. I  
am also at liberty to withdraw my guarantee in writing if I observe a negative change in  
his/her attitude.

I am aware that upon being employed by American AirSea Cargo Limited, the company  
would spend money and invest time in training him/her for the position for which he/she is  
being employed. I have read his/her Offer of Employment and guarantee the Company that  
he/she would not leave his/her employment except in accordance with the provisions of  
his/her Employment Contract. I further guarantee the company and undertake to pay back  
to the company any amount the company had expended in his/her training as well as the  
agreed sum in lieu of notice should he/she leave his/her employment without the requisite  
notice or payment in lieu of notice.

I perfectly understand that my acceptance to act as a guarantor creates a continuing  
obligation unless I withdraw as such guarantor in writing or he/she leaves the employment in  
accordance with the terms of employment.

Uzumefure Nneka Cynthia [Signature] 7/2/21  
(Name, signature of guarantor and date)



#### ELIGIBILITY TO BE A GUARANTOR FOR AIRSEA CARGO LIMITED

1. Must be aged between 30 and 65 years.
2. Must be of sound mind.
3. Must be a senior staff in his/her work place (police or military personnel, machine operators, guards, office assistants, security guards, drivers, clerks, cleaners, stewards, cobblers, apprentices, dispatch riders, students and the likes are not eligible).
4. If in private business, must have an asset base of minimum of N500, 000. 00 and the business must be registered with the Corporate Affairs Commission.
5. Must provide an endorsed passport photograph of him/her.
6. Must have known the applicant for not less than 5 years.
7. Must provide his/her workplace and residential address including phone numbers and nearest bus stop.
8. Must complete the form honestly and sincerely.
9. Must be able to supply more information about the applicant when required.
10. Must be able to read and write.
11. Must supply utility bills, National ID Card/International Passport/ Driver's License and company ID card.

#### MANAGEMENT

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**FEDERAL REPUBLIC OF NIGERIA**  
**NATIONAL DRIVERS LICENCE**

LNO: KLK05837AA01 PRIVATE CLASS: B LAGOS STATE


DOB: 26-10-1988 ISS: 24-12-2019 EXP: 26-10-2022

UZUMEPIUNE, NNEKA CYNTHIA  
S MOPEI, OLA ALABI CLOSE, JULIE EST  
OKEGUN, KUDIRAT ABOLA WAY  
IKEJA, LAGOS

SEX: F HT: 1.68M HAIR: ST DEL  
BG: UNK EYE: N GL: N REP: 0 REN: 1  
END P


N of K: 0806219164  
DATE OF ISS: 04-04-2016  
HOLDER'S SIGNATURE AUTHORIZED SIGNATORY

**ST LEO'S MEDICAL CENTRE IKEJA**





**DR. UZUMEPIUNE Nneka C.**  
**STAFF**

  
HOLDER'S SIGNATURE

**IDENTIFICATION CARD**

2/3/2021

(4) WhatsApp



Nneka

1/28/2021 at 10:17



**St Leo's Medical Centre Ikeja**

C/O St. Leo's Catholic Church  
19/21 Toyin Street, Ikeja, Lagos.

Tel: 08038928384, 08068153370

e-mail: stleomedicalcentre@gmail.com

st.leomedicalcentre@yahoo.com

AUTHORISED SIGNATURE

*If found please return to  
the above Address or the  
Nearest Police Station.*

2/10/2021

(27) WhatsApp



Chinedu uzu  
yesterday at 08:16



< IKJELECTRIC

18:06, 12 Jan



ARC AYO OLUWARINU / 5, TALABI CLOSE, JULIE /  
0100346653

Your Bill for DEC 2020:

Tariff: A-Non MD

Rate: 51.22

Read Code: E

LAR: 48261.00

PAR: 49036.00

Consumption: 775.00

Curr.Charges: N42,672.66

Previous Balance: N42,654.92

Payment: N42,750.00

Adjustment: N0.00

Amt Due: N42,577.58

Due Date: 18 Jan 2021.

For enquires call 017000250

Detail: [eservices.ikejaelectric.com/billing/](http://eservices.ikejaelectric.com/billing/)