



(NAME AND RESIDENTIAL ADDRESS OF GUARANTOR)

MRS. DLARENWATU OSAMENLE GRACE

18, ISHOLA OREOLUWA STREET

AJECUNLE MAGBORD



Mobile Phone Number 07069542031

Dear Sir,

LETTER OF REFERENCE

We are considering the application of Mr. /Ms.

for recruitment as ain 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. OLARENWAIU OSAMENLE GRACE Age 32 who works with MEDPLUS PHARMACY LIMITED at H5, SAKA TINUBU STREET, VICTORIA ISLAND do hereby confirm that I have known Mr./Ms. OLARENWAIU AKANBI for the past NINE years, having related with me as a SPOUSE. I 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 MR. OLARENWAIU AKANBI 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.

OLARENWAIU OSAMENLE GRACE  12/02/21
(Name, signature of guarantor and date)



National Identity Management System

Federal Republic of Nigeria
National Identification Number Slip (NINS)



Tracking ID: S7Y0OG2T0000LW4	Surname: OLANREWAJU	Address: 15 RASHEED DAKOTUN STREET ILAJE BARIGA LA	
NIN: 44144495058	First Name: GRACE		
	Middle Name: OSAMENLE		
	Gender: F		

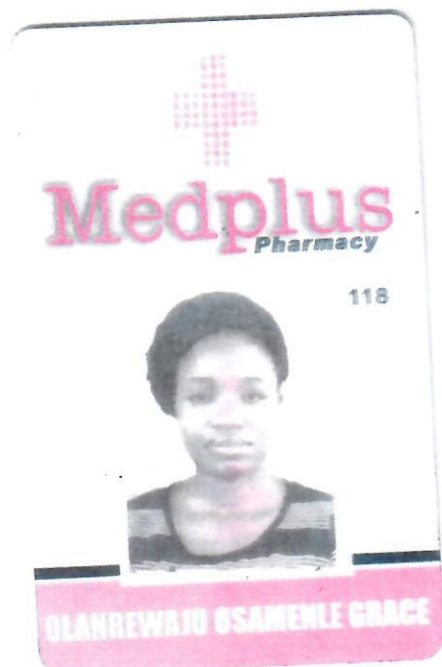
Note: The **National Identification Number (NIN)** is your identity. It is confidential and may only be released for legitimate transactions.
You will be notified when your National Identity Card is ready (for any enquiries please contact)

helpdesk@nimc.gov.ng

www.nimc.gov.ng

0700-CALL-NIMC
(0700-2255-646)

National Identity Management Commission
11, Sokoto Crescent, Off Delisha Street, Zone 5 Wuse, Abuja Nigeria





National Identity Management System

Federal Republic of Nigeria

National Identification Number Slip (NINS)



Tracking ID: STY00G2T0000LW4	Surname: OLANREWAJU	Address: 15 RASHEED DAKOTUN STREET ILAJE	
NIN: 44144495058	First Name: GRACE	BARIGA LA	
	Middle Name: OSAMENLE		
	Gender: F		

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National Identity Management Commission
11, Sokoto Crescent, Off Oshodi Street, Zone 6 Wuse, Abuja Nigeria

Pharm Tech.

This identity Card is a bona-fide property of

Medplus
Pharmacy

45, Saka Tinubu St. Victoria Island
P.O. Box 74753
Victoria Island, Lagos-Nigeria
Tel/Fax: 01-252 5849, 774 9625
262 2450, 0803 325 9455
E-mail: medplus@hyperia.com

If found please return to above address

Holder's Signature

Authorized Signature



Medplus
Pharmacy

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OLANREWAJU OSAMENLE GRACE



IBEDC

HEAD OFFICE
Capital Building, 115 MKO Abiola Way,
Ibadan, Oyo State.
customer@ibedc.com
0700 123 9999



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0700 123 9999

MOWE-IBAF0 BUSINESS HUB
ELECTRICITY BILL FOR: February 2021
FOR ENERGY USED IN: January 2021

AccountNo: 90/44/84/1043-01
Name: FOLA YUSUF BARR.
S/Address: 18, OREOLUWA ISHOLA STREET,
AJEGUNLE, MAGBORO MAGBORO
LONG/LAT:
EMAIL:
Mobile: 08038568381
Rate: 24.97 Tariff Code: NMD
ADC: 4.63
MeterNo: ServiceID: E4H

Please pay **CURRENT MCNTH CHARGE**
before **DUE DATE**

DUE DATE: 2/16/2021

Customers whose complaints are not
satisfactorily addressed may approach the
NERC FORUM OFFICE at IYAGANKU G.R.A. OPP.
MAGARA POLICE STATION.
MOBILE: 08146862252, 08146862251.

RECONN FEE IS =N=: 2,000.00
VAT NO: LCV25230601

Present Reading:	0
Previous Reading:	0
UnitsUsed: Fixed	139
Energy Charge =N=	3,470.83
VAT =N=	260.31
Current Charge =N=	3,731.14
Adjustment =N=	0.00
PreviousBal =N=	20,942.57
Payment =N=	3,500.00
Total Due =N=	21,173.71

BACKBILL SUMMARY

Outstanding =N=:	0
Back Bill =N=:	0.00
Total Amount =N=:	0.00

PAYMENTS HISTORY

Amount =N=	Date
3,500.00	16 Jan 2021
2,000.00	20 Nov 2020
2,000.00	23 Sep 2020

CRO'S Name: VICTOR AGBOOLA
CRO'S MOBILE: 08036632815

MOWE-IBAF0 BUSINESS HUB
ELECTRICITY BILL FOR: February
2021

ACCOUNTNO: 90/44/84/1043-01
NAME: FOLA YUSUF BARR.
S/ADDRESS: 18, OREOLUWA ISHOLA STREET,
AJEGUNLE, MAGBORO MAGBORO
MOBILE: 08038568381
MeterNo:

Current Charge =N=:	3,731.14
Adjustment =N=:	0.00
PreviousBal =N=:	20,942.57
Payment =N=:	3,500.00
Total Due =N=:	21,173.71

VAT NO: LCV25230601

WARNING: To avoid disconnection please **PAY PREVIOUS BALANCE IMMEDIATELY**