SYLVAMERC

Your Need, Our Service P.O. Box CS 8458, Tema Tel: 0246 146 325 | 0202 029 445

GUARANTOR FORM

Requirements
a. Attach a current passport picture
b. Attach a photocopy of your valid ID

| Passport |
|----------|
|----------|

USE BLOCK LETTERS

| Full | Name: | | Relationship to Applicant: | | | | |
|---------------------|------------------------------------|---|-------------------------------|----------------------------------|--------------------------------|------------------------------|---------------------------|
| Nan | ne of Organization | n: | Location: | | | | |
| Loca | ation of Residenc | e: | Digital Address: | | | | |
| Mob | oile Number(s): | | Email: | | | | |
| Nati | onality: | Type of | Type of ID: ID #: | | | | |
| Are | you gainfully em | ployed? Yes N | lo How mu | ch do you ear | n a month? | Below GH¢50 | 0 |
| (| GH¢500-1,000 | GH¢1,001-3,000 | GH¢3,001-5,000 GH¢5,000-Above | | | | |
| | | | DECLAR | ATION | | | |
| I, | | | • | guarantee that buying the ite | t I am the guar m(s) below: | antor for | |
| QTY | PRODUCT ITEM DESCRIPTION CODE | | IPTION | CASH PRICE GH¢ | DURATION | MONTHLY INSTALMENT GH¢ | HIRE PURCHASE PRICE |
| | | | | | | | |
| | | | | | | | |
| n If a | nonths ending on customer fails to | d to pay an amount of C the o pay for an item pure n, or also refuses / fail | chased for a | a continuous | | hs or more, wit | |
| in q | uestion and Buy | er loses any payment | ts made to the | he Seller. | | | |
| | • | ntor will be held resp y for proves futile. | oonsible wh | en every effo | ort to retrieve | the Good(s) w | which the |
| As a | a Guarantor, I | will be responsible f | or any defa | ult payment | ts of money. | | |
| Guarantor Signature | | | | Applicant Signature | | | |
| Name: | | | | Name: | | | |
| Date: | | | | Date: | | | |