

PLUG IN THE SUN

## POWER AGENT GUARANTOR'S FORM



FIRSTNAME:	LASTNAME:
PHONE NUMBER:	OCCUPATION:
SEX:	
HOME ADDRESS:	
COMMUNITY:	LGA:
STATE:	VALID IDENTIFICATION NUMBER: (attach a copy to form)
IOF	
HAS BEEN KNOWN TO ME FORYEARS AS(STATE RELATIONSHIP).	
I DECLARE THAT ALL INFORMATION TENDERED FOR THIS PURPOSE ARE VALID AND AUTHENTIC. ANY FALSE INFORMATION GIVEN MAY LEAD TO TERMINATION OF THE ENGAGEMENT WITH THE ASOLAR POWER AGENT.  PLEASE NOTE: "ASOLAR REQUIRES THAT YOU ASSUME THE RESPONSIBILITY OF REGULARLY COUNSELLING THE ASOLAR POWER AGENT TO ENSURE THAT HE IS OF GOOD CONDUCT AT ALL TIMES."	
GURANTOR'S SIGNATURE	DATE