



AGENT APPLICATION FORM

AGENT
PASSPROT

Please read the outline conditions on the facing page and complete all **BLOCK CAPITALS** only.

Note: A separate Application Form will be required for each proposed outlet.

1. Personal

Section A)

Applicant's Company Name:

Applicant's Name:.....

Name of Retail Outlet where it is proposed to sell Easywin Products.....

.....

Address of Retail Outlet:

Home Address:

Email Address:

Telephone NO. at outlet/store Please note that applicants are required to have a telephone number where they proposed to sell Easywin Products.

Means of Identification: Int. Passport Driver's License National ID Card
Voters Card

Utility Bill Electricity Bill Waste Bill Water Bill

Section B)

Complete this section if this store/outlet is owned by another company or the Head Office is at another location.

Company Name:

Head Office Address:

Email Address:

Telephone No.
Phone Number

3. Nature of Business

(Tick as appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Bar
<input type="checkbox"/> Club House
<input type="checkbox"/> Sport bet shop
<input type="checkbox"/> Petrol Station
<input type="checkbox"/> Shopping mall | <input type="checkbox"/> Kiosk
<input type="checkbox"/> Roadside
<input type="checkbox"/> Motor Parks
<input type="checkbox"/> Other (Please Specify)..... |
|---|---|

4. Size of Retail Outlet Area (Incase of shop branding)

Approximate square footage of retail Sq. ft.	Conversion (Imperial/Metric) 1 meter = 3.28 feet
---	---

5. Occupancy

(Tick appropriate)

-
- Owner
-
- Tenant

If premises is leased complete this section

Name of Landlord	Lease Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
------------------	---

.....

Address of Landlord

.....

6. Customer's Transaction

How many customer transactions are in your store per day?

What is the average amount per transaction? What percentage are adults?

What is the average of your customers? Years What percentage are children?

7. Annual Turnover

What is your Retail Outlets Annual turnover?

.....

8. Opening Hours

Please give times using the 24 hour clock

Monday	Open	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Closed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>

Tuesday	Open					Closed	Yes		No	
Wednesday	Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Thursday	Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Friday	Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Saturday	Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sunday	Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

10. Window Display

Will the main window display space be available for Easywin Lotto point of sale material? (Tick as appropriate) Yes No

11. Lotto

Do you wish to be considered for Lotto and on-line games? (Tick as appropriate)
 Yes No.

12. Agent Application

Why do you wish to become Easywin Lottery Retail Sales Agent?

.....

.....

.....

.....

13. Declaration

I (Block Capitals) declare that the details furnished by me are true. I authorize you to make any enquiries you might deem necessary in connection with this application.

Signed:..... Date.
 (If a company application, state your position in the company)

Position held:

All information received will be treated as private and confidential.

.....

Complete Application forms should be returned to:

**Easywin Lotto
 No 4, Soji Adepegba,
 Off Allen Avenue.**



Agent guarantors form

Guarantors MUST provide the following:

- ✓ A recent color passport photograph with a white background
- ✓ Photocopy of a valid Driver’s license OR International passport data page

AFFIX PASSPORT PHOTOGRAPH
HERE

CAUTION

As part of our company policy, it is compulsorily required that anybody that want to be our agent should produce a credible, responsible and acceptable person as a guarantor subject to our specification and verification.

Your willingness to stand as a guarantor is considered as an acceptance of responsibility to discharge **ANY** liability to the company in the event of any debt, losses, shortage, cost, damages and expenses incurred, suffered or sustained by the company as a result of any or by reason of the agent misconduct whether by way of dishonesty, embezzlement, mismanagement, negligence, neglect of duty, recklessness, complicity of other wrong while in the course of his/her Agency contract.

It should be noted that this responsibility continue until the liability is fully discharged **NOTWITHSTANDING** if is no longer selling for us.

Guarantors are therefore advised to guarantee person only well known to while it is also warned that any discovery of false declaration in the course of our verification process may result in prosecution.

PARTICULAR OF GUARANTOR

PART 1

Name:

Profession/Occupation:

Business/Office Name:

Address:

.....

(Please fill the nearest Bus stop)

Position/ Statues:

Dept/Unit:

Telephone No: E-mail Address:

Residential Address:

.....

(Please fill the nearest Bus stop)

Mobile No:

Relationship:

Number of years you have known the Agent. Years

-

—

DECLARATION

I do hereby and solemnly
Surname First name another name

Declared that.....
is.

(Name of Agent)

Proposing with my full knowledge and consent to be an agent of Easywin Lotto and I hereby declare that the particulars of asset given by me in part 1 hereof are valid and correct.

.....
GUARANTOR'S SIGNATURE & DATE

—

DEED OF GUARANTEE

I, (Hereinafter Referred to as
Surname First name other name

“The Guarantor” (whose passport photograph is affixed herewith) hereby guarantee that.

..... of
(Name of Agent)

..... with
(Contact address of Agent)

Mobile No :(hereinafter referred to as “the Agent) wishes to take up Agency with Easywin lotto(hereinafter referred to as “the company”).

NOW THEREFORE IN CONSIDERATION of accepting the agency by the company I hereby declare as follows.

1. I will be responsible for any financial loss suffered by Easywin Lotto arising from any malpractice or negligence committed by the agency in the course of agency operations with the company.

2. In the event of any pecuniary loss committed by the course of agency operation I voluntarily accept to take responsibility for all charges and expenses in the process of recovery of such loss and (or) litigation (if any).

IN WITNESS Whereof, I the within-named guarantor have hereunto set my hand and seal.

This day of 20.....

SIGNED SEALED AND DELIVERED.

By the within-named GUARANTOR:

In the presence of:

Signature of Witness:

Name (in block Letter):

Occupation: phone No:

Address:

LEVEL OF GUARANTORS ACCETANCE

- i. Senior Civil servant, Grade Level 12 and above.
- ii. C.E.O/ Businessman/women (with an identified company with the Corporation Affair Commission)
- iii. Chartered/practicing professionals (e.g. Architect, Accountants, Engineers, Excluding Lawyers)
- iv. Traditional Ruler & reputable Clergy men.
- v. Equivalent of senior Banking in Banks Deputy Manager of a Reputable Company.

N.B: Any other level of guarantor in conflict with the above stated level is not acceptable and the organization reserves the sole right to reject a questionable guarantor.