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FIDELITY GUARANTEE COUNTER INDEMNITY FORM

I,.....aged.....years,
Whose Postal Address is.....
.....
and House Address is.....
.....

hereby guarantees.....
who is my.....and has been known to me for the past
.....years.

In consideration of GLICO GENERAL INSURANCE COMPANY LIMITED being requested to cover the above-named Employee ofunder a Fidelity Guarantee Insurance, in the amount of ₵.....,to cover any act, default, or neglect of the Employee, which may result in Financial Loss to his Employers.

I do hereby covenant and agree to pay any amount not exceeding the Guaranteed Sum to indemnify the said GLICO GENERAL INSURANCE COMPANY LIMITED, against all losses, costs, damages, charges and expenses whatsoever and howsoever incurred resulting from any act, default, or neglect of the above-named Employee, that the said GLICO GENERAL INSURANCE COMPANY LIMITED may sustain or incur by reason of its having executed the said Guarantee or any continuation thereof.

Please state:

- 1. Annual Income of Guarantor:.....
- 2. Value of Property Owned by Guarantor:.....

Signature of Guarantor:.....

DATED AT.....THIS DAY OF20.....