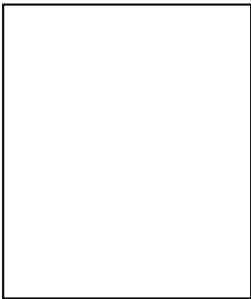




**Portal Realities Ltd.**  
*...we help you crown your success*



**AGENT GUARANTOR**

SURNAME:..... FIRST NAME: .....

INITIALS: ..... RELATIONSHIP: .....

HOME PHONE NUMBER: ..... BUSINESS PHONE NUMBER: .....

CELL PHONE NUMBERS: .....

RESIDENTIAL ADDRESS:.....

EMAIL ADDRESS (ES).....

**NOTE: Your engagement status shall be reviewed from time to time as deemed necessary by the Management:**

Agree  Disagree

I ..... acknowledge that every information produced in this document is the truth and can be verified if needed. I have agreed to all the terms and conditions of engagement as an agent with Portal Realities Limited, and I am willing to abide by all rules and regulations as stated in this document. I also confirm that all Portal Realities Limited property in my possession shall be returned or accounted for on ending my engagement and that I would hand in my ID card and other company possessions to the HCA department.

.....

.....

**AGENTS 'S SIGNATURE**

**DATE**

**NOTE: Your engagement status shall be reviewed from time to time as deemed necessary by the Management:**

Agree  Disagree

**OFFICE USE ONLY**

PERIOD OF ENGAGEMENT:.....

ENDED ASSIGNMENT.....RECOMMENDED FOR RENEWAL YES  NO

COMMENTS.....

Approving Manager Name/Signature:.....

Date of approval: .....