

SHOW THE LIGHT INTERNATIONAL FOUNDATION
APPLICATION / QUESTIONNAIRE FORM

NAME:

ADDRESS:.....
.....

OCCUPATION OR BUSINESS

**HOW DO YOU OPERATE YOUR BUSINESS? BY HAWKING / AT THE FRONT OF
WHERE I LIVE / FROM MY SHOP**

IF FROM A SHOP, WHERE IS THE SHOP LOCATED?.....
.....

AND WHAT IS THE SHOP'S RENT?.....

WHO IS RESPONSIBLE FOR THE PAYMENT OF THE SHOP RENT?.....
.....

AGE: 20-25 / 26-30/ 32-35/ 36 – 40/ 41-45/ 46-50

MARITAL STATUS: MARRIED / SINGLE / DIVORCED / WIDOWED

HOW MANY CHILDREN DO YOU HAVE? 1-4 / 5-8

WHAT IS THE NAME OF YOUR CHILDREN'S SCHOOL?.....
.....

WHERE IS IT LOCATED?.....

WHAT SORT OF SCHOOL IS IT? PUBLIC / PRIVATE

HOW MUCH IS YOUR CHILDREN'S SCHOOL FEES?

**WHO IS RESPONSIBLE FOR THE PAYMENT OF YOUR CHILDREN'S SCHOOL
FEES?.....**

WHAT KIND OF APARTMENT ARE YOU LIVING IN?.....
.....

HOW MUCH IS YOUR HOUSE RENT?.....

WHO IS RESPONSIBLE FOR THE PAYMENT OF YOUR HOUSE RENT?.....
.....

WHAT ARE YOU NATURALLY GOOD AT DOING?.....

.....
WHAT ARE YOUR HOBBIES?.....
.....

WHAT SKILL OR BUSINESS ARE YOU BE INTERESTED IN?.....
.....

HOW DO YOU INTEND GROWING YOUR BUSINESS?.....
.....

WHAT IS YOUR INCOME FROM YOUR BUSINESS? DAILY.....

WEEKLY..... MONTHLY..... YEARLY.....

HAVE YOU EVER BEEN EUIPPED IN YOUR BUSINESS? YES /NO

IF YES WHEN

BY WHOM

IF BY AN ORGANISATION, WHAT IS THE NAME OF THE ORGANISATION?.....
.....

WHAT HAPPENED TO THE BUSINESS THEREAFTER?.....
.....

WHAT DO YOU WANT TO DO DIFFERENTLY NOW?.....
.....

WHAT IS YOUR EXPERIENCE IN THE SKILL OR BUSINESS THAT YOU WANT TO EMBARK ON?.....
.....

WHAT IS THE INCOME RATE FOR THE BUSINESS?.....
.....

HOW DO YOU THINK IT WILL AFFECT YOUR LIFE?.....
.....

GENERAL REMARK.....

SIGNATURE AND DATE.....

REFERENCE FORM

I, ATTEST TO THE FACT
THAT WHAT THE APPLICANT
.....
HAS FILLED IN THIS FORM - SHOW THE LIGHT INTERNATIONAL
FOUNDATION'S APPLICATION / QUESTIONNAIRE FORM IS ABSOLUTELY TRUE
AND CORRECT TO THE BEST OF MY KNOWLEDGE BECAUSE SHE IS MY
..... (STATE YOUR RELATIONSHIP WITH THE APPLICANT)
AND I HAVE KNOWN HER FOR A PERIOD OF ABOUT
AND I AM READY AND WILLING TO STAND AS A REFEREE / GUARANTOR FOR
HER IN THIS ORGANISATION (SHOW THE LIGHT INTERNATIONAL
FOUNDATION) SHOULD THE ORGANISATION (SHOW THE LIGHT
INTERNATIONAL FOUNDATION) BE READY AND WILLING TO EQUIP HER
FINANCIALLY AND/OR SKILLFULLY. I ALSO ACCEPT THE FACT THAT MY
STANDING IN AS HER REFEREE / GUARANTOR IS BINDING ON ME LEGALLY IF
SUCH A NEED ARISES (THAT IS, IF IT IS DISCOVERED BY THE ORGANISATION
SHOW THE LIGHT INTERNATIONAL FOUNDATION, THAT THE INFORMATION
FILLED IN BY THE APPLICANT IS FALSE OR NOT ABSOLUTELY TRUE AND
CORRECT).

SIGNATURE AND DATE

FOR OFFICIAL USE ONLY

**I,HEREBY RECOMMEND
THAT THIS APPLICANT
BE EQUIPPED BY THE ORGANISATION (SHOW THE LIGHT
INTERNATIONAL FOUNDATION) BECAUSE I HAVE DONE ALL THE
NECESSARY BACKGROUND VERIFICATION CHECK / EXERCISE IN LINE
WITH WHAT SHE FILLED IN HER APPLICATION / QUESTIONNAIRE
FORM WHICH WAS FILLED BY HER AND I DISCOVERED THAT SHE
STATED THE TRUTH IN HER APPLICATION / QUESTIONNAIRE FORM.
ATTACHED IS A COPY OF MY VERIFICATION REPORT FOR YOUR
PERUSAL AND APPROPRIATE ACTION.**

THANKS.

SIGNATURE AND DATE

LETTER OF ACCEPTANCE / UNDERTAKING

I, OF
..... ACCEPT TO BE
EQUIPPED BY THIS ORGANISATION (SHOW THE LIGHT INTERNATIONAL
FOUNDATION) FINANCIALLY AND/OR SKILLFULLY IN THE AREA OF

AND I HEREBY UNDERTAKE THE FOLLOWING:

- (a) TO MAKE USE OF THIS PRIVILEGE TO THE BEST OF MY ABILITY.
- (b) TO MAKE USE OF THE MONEY ONLY FOR THE PURPOSE FOR WHICH I WAS EQUIPPED TO MAKE USE OF IT AND NOTHING ELSE.
- (c) TO ENSURE THAT I GIVE A WEEKLY REPORT OF HOW I AM MAKING USE OF THIS OPPORTUNITY TO THE ORGANISATION (SHOW THE LIGHT INTERNATIONAL FOUNDATION) FOR THE NEXT TWO (2) YEARS.
- (d) TO GIVETHE REPRESENTATIVES OF THE ORGANISATION (SHOW THE LIGHT INTERNATIONAL FOUNDATION) THE PRIVILEGE OF CHECKING UP ON ME EVERY ONCE IN A WHILE TO KNOW HOW I AM FARING WITH REGARD TO WHAT I HAVE BEEN EQUIPPED TO DO FOR THE TWO (2) YEARS DURATION THAT I WILL BE EQUIPPED BY THE ORGANISATION (SHOW THE LIGHT INTERNATIONAL FOUNDATION).
- (e) THAT LEGAL ACTIONS CAN BE TAKEN UP AGAINST ME IF I FAIL TO MAKE USE OF THE OPPROTUNITY / PRIVILEGE GIVEN TO ME THE WAY I OUGHT TO MAKE USE OF IT.

I FURTHER AFFIRM TO THE FACT THAT I UNDERSTAND THAT THIS DOCUMENT IS BINDING ON ME LEGALLY AND I ALSO UNDERSTAND THE IMPLICATION OF SIGNING THE DOCUMENT.

This Document was translated to

Language for the Applicant by me

Before the Applicant affixed her signature.

.....

APPLICANT'S NAME

.....

SIGNATURE & DATE

IN THE PRESENCE OF

1. **NAME:**
OCCUPATION / DESIGNATION:
SIGNATURE:
DATE:.....

2. **NAME:**
OCCUPATION / DESIGNATION:
SIGNATURE:
DATE:.....

.....
**OFFICIAL SEAL OF SHOW THE
LIGHT INTERNATIONAL FOUNDATION**

IN THE PRESENCE OF:

1. **NAME:**
OCCUPATION / DESIGNATION:
SIGNATURE:
DATE:.....

2. **NAME:**
OCCUPATION / DESIGNATION:
SIGNATURE:
DATE:.....