K. DECLARATION

I hereby apply for employment in the Amotekun Corps. I declare that all the information given in this form are true and verifiable. Upon being discovered to have submitted any false information, I agree to be prosecuted in the Court of Law. I also agree to abide by the Corps' policies, rules and regulations, and promise to promote the interest of the Corps wherever I am posted to.

Signature:....

Date:....

Thumbprint:.....

Office Use OnlyRegistration DateProof of Address SeenYes/NoBirth Certificate SeenYes/NoOther Certificate SeenYes/NoMedical Report SubmittedYes/NoGuarantors VerifiedYes/No

OGUN STATE SECURITY NETWORK AGENCY

SEUN STATE

(AMOTEKUN CORPS)

GUARANTOR'S DECLARATION FORM



I(full names	s of guarantor), of
	(Residential address)
at(Guarantor's position)	Tel. No:
do hereby certify that I know	(Applicant's name)
who hails from in	Local Government Area of
State and with full confide	nce, I agree to stand as his guarantor.
I promise that	(APPLICANT'S NAME) will be
responsible and reliable. I agree to be prosecuted in	any court of law in the event of any criminal
offence that he might commit directly or indirectly, a	nd such that would implicate the AMOTEKUN
Corps consequent up on his/her negligence. I und	lertake to produce him/her in case he/she
absconds with the Corps' property.	

Guarantor's Signature or thumb impression

Applicant's signature or thumb impression

Dated this...... Day of, 20.....

APPLICANT'S PASSPORT

GUARANTOR'S PASSPORT



OGUN STATE SECURITY NETWORK AGENCY

THIS FORM IS FREE AND NOT FOR SALE!

AMOTEKUN RECRUITMENT FORM



GUARANTORS' FORM

Guarantors should please note that ANY FALSE information about the applicant would make them culpable and liable before the law:

Applicant's Name.....

TRADITIONAL RULER

..... am the Traditional Ruler of the abovementioned applicant who wishes to be selected as a member of the Amotekun Corps. I know him/her personally and I found him/her suitable to be selected for the Corps. I can attest to his/her good conduct and character. Therefore, I recommend the applicant for selection and I should be held liable if the applicant is found wanting in character or others.

Signature/Date/Stamp



OGUN STATE SECURITY NETWORK AGENCY



THIS FORM IS FREE AND NOT FOR SALE!

EXECUTIVE CHAIRMAN OF LOCAL GOVERNMENT AREA

Applicant's Name.....

I, Honourable..... of the above-named applicant's Local Government Area who wishes to be selected as a member of Amotekun Corps hereby affirm that I know him/her personally, and I found him/her suitable to be selected for employment with the Corps. Furthermore, I attest to his/her good conduct and character, and consequently recommend the applicant for

selection. I undertake to be held liable if the applicant is found wanting in character or other vices.

Signature/Date/Stamp





MEDICAL FORM

Tosts MUST	l be conducted		State	Government	Hospitals	
16212 10001	ne conducted	i ili Oyuli	State	Government	inospitais	

Applicant's Name
Do you have any special family history of anger, psychiatric disorder and cancer? Yes
Νο
Please mention others not stated above:
The following tests were conducted on the above- named applicant by me the
undersigned laboratory scientist
(Please Tick)
1. Hepatitis
2. Random Blood Sugar
3. Blood Pressure
4. PVC
5. Tuberculosis (TB)
I, DR of
State Hospital have
examined the above-named applicant and found him/her fit to be recruited into the
Amotekun Corps.

Signature/Date/Stamp

OGUN STATE SECURITY NETWORK AGENCY



THIS FORM IS FREE AND NOT FOR SALE!

AMOTEKUN RECRUITMENT FORM



OATH DECLARATION

I, Adult, (Male/Female), (Muslim/Christian), Nigerian ofdo hereby solemnly make the oath and declare as follows:

- That I hereinafter referred to as the ("Applicant ") of is applying with my full knowledge and consent to be selected as a member of Ogun State Security Network Agency and Amotekun Corps.
- 2. That I will be responsible for any loss suffered by Ogun State Security Network Agency and Amotekun Corps arising from any malpractice, theft, conspiracy, negligence committed by me in the course of my service as a member of Ogun State Security Network Agency and Amotekun Corps.
- 3. That in the event of the above paragraph, I voluntarily accept to take responsibility for all charges and expenses incurred in the process of such loss.
- 4. That this affidavit is now needed for record purpose and information to the Authority concerned.

AND THAT I make this oath in good faith believing same to be true and correct in accordance with the Statutory Declaration Laws of Ogun State of Nigeria 2006.

JURAT

The foregoing having been first read and interpreted to the parties in Yoruba and when they seem well to understand same before affixing their signature/thumb impression thereto:

Signature & Date		Right Thumbprint
Swo	orn to the High Court Regist	trar
This	day of	2025.
	Deponent	
	BEFORE ME:	
C	OMMISSIONER OF OATH	IS