



ERI ANU HOME CARE LTD.

Address: 01, Agric Road, Ikoga, Zebbe, Agbado

Tel: +1 (267) 576-6801, 07012654603

Email: dradeleke1@gmail.com

Client's Registration Form

Affix
Passport
Here

Section A: Personal Information

Name: _____
Surname Middle Name First Name

Sex: M F Date of Birth: ____/____/____
Day Month Year

Marital Status: _____ Nationality: _____ State of Origin: _____

L.G.A (of Origin): _____ L.G.A (of Residence): _____

Residential Address: _____

Contact Phone No's: _____, _____

Section B: Health Issues (Kindly state clearly all health conditions of patients)

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Section C: Request Services (Please Tick Appropriate Box/Boxes)

Companion House Keeping Registered Nurse Chew

Section D: Accomodation / Feeding (Please Tick Appropriate Box)

Live in or Live out Feeding: Yes No

Section E: Sponsor Details

Name of Sponsor/Guardian: _____
Surname Middle Name First Name

Residential Address of Sponsor: _____

Sponsor Contact Phone No: _____, _____

Section F: Emergency Contact Details

(I) Name: _____

Contact Phone No: _____, _____

(II) Name: _____

Referrer Contact Phone No: _____, _____

Section G: Attestation

I, _____ affirm that all information provided are accurate, I have voluntarily provided the above information, contact and authorize **ERI ANU HOME CARE LTD.** and its representatives to contact any of the above on my behalf in the event of an emergency.

Dated this day of _____, _____, _____
Day Month Year

Signature

Kindly note:

At Eri Anu Home Care Ltd. our staff are highly experienced and are recommended for their good work nationwide, therefore, please take note that our staff must be well taken care of and must only work based on assigned job description only. the management can decide to withdraw our staff incase of any maltreatment from assigned duties.

FOR OFFICIAL USE

Approved by

Name: _____

Date: _____

Signature: _____