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Foreign Employment Term Assurance (FETAP) Proposal Form

Title: Mr./Ms./Mrs. As printed in the passport) Name: Kadija	. Particulars of the Life Assured:			
Please attached copy of Passport and Kebele ID to this form.	Title: Mr./Ms./Mrs.			
Date of Birth: 12-Jan-22 Place of Birth: Ticko Passport Number: LP 213 1245 Gender-Genale Address: - Region Oromio City: Sher Ksub City: Woreda: Kebele: H. No.: Occupation: House maid Marital Status: Marvied Labor ID Number: Contact Person in case of Emergency: Name Ahmed moha Telephone: 09 23 44 70 48 2. Particulars of The Travel Agency Name: Alkaba Agency Contact Name: Telephone: Destination Country: Dubai Departure (Effective) Date: 3. Beneficiary Information I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share Address/Telephone i. Lusband 100/1, 0923 4470 48 iii. iii. iv. v. vi. vi. Total 100% -	As printed in the passport)			
Address: - Region: Oromo City: Sher KSub City: Woreda: Kebele: H. No.: Occupation: House made Marital Status: Married Labor ID Number: Contact Person in case of Emergency: Name Abraed moba Telephone: 0923447048 2. Particulars of The Travel Agency Name: Alkaba Agency Contact Name: Telephone: Destination Country: Dubai Departure (Effective) Date: 3. Beneficiary Information I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share Address/Telephone i. LuSband 1007, 0923 4470 48 iii. iii. iv. v. vi. vi. Total 100% Please attached copy of Passport and Kebele ID to this form.	Name: Kadija I	Father's Name: Muho	mmed G. Father's	Name: Hasan
Contact Person in case of Emergency: Name Almed moles Telephone:			LV-V-24-1-11	
Agency Name: Alkaba Agency Contact Name: Telephone: Destination Country: Dubai Departure (Effective) Date: 3. Beneficiary Information I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share Address/Telephone i			en particular de	
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iv. v. vi. vii. Total 100% Please attached copy of Passport and Kebele ID to this form.	ii.			
vi. vii. Total 100% Please attached copy of Passport and Kebele ID to this form.	iii.			
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Name of Life Assured: Signature: Date:		- Proceedings		
	Name of Life Assured:	Signature:	Date:	Andrews Edwing to