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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:			
Title: Mr./Ms./Mrs.			
(As printed in the passport)			
Name: Mexima Fa	ther's Name: HZVi	G. Father's Name	Dale
Date of Birth: 26-nov-83 Place of Bi			
Occupation: Ho Usemade M	arital Status: married	Labor ID Number:	EE10822210
Contact Person in case of Emergency: Nam	no Nuru Gemmeda T	'elephone: 092408	7071
2. Particulars of The Travel			
Agency Name: M Y AGENCY	Agency Contact Name:	Merima ALI Telephone	: 0901116677
Destination Country: <u>91242</u>	Departure (Effective) Dat	e:	
3. Beneficiary Information			
I hereby assignee the policy benefits to the	e flowing beneficiaries. Policy	benefit payments are sub	ject required claim
documents, court order and liquidation rep	port attested by the court.		
Full Name	Relationship	Percentage Share	Address/Telephone
i. Nuru Gemme da	Hwband	10090	Chura dango
-ii			<u> </u>
iii.	_	100 00 UTC 20	
iv.	/	3 - 2	
v		090111	
vi		× 0901 11 66 77	
vii.		100	
		Total	100%
Please attached conv. of Pagament and W.	hala ID to this farm	Total	100%
Please attached copy of Passport and Ke	bele ID to this form.	Total	100%