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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)	0		
Name: MAYREMA Fath	ner's Name: CAB	G. Father's Name:	GERESO
Date of Birth: 17 JUN 88 Place of Bir	th: ARSI Passp	ort Number: EP	Gender:
Address: - Region: OROWIA City:	Sub City:	Woreda: ASAKebele:	H. No.:
Occupation: Man	rital Status: MARRIE	Labor ID Number:	en a Aranta de la como de la como A después de la como de
Contact Person in case of Emergency: Name	ABA FUFA	Telephone: 0040405	101
2. Particulars of The Travel	l'erm Assacian	ec (FETAP) Pro	posal kon
Agency Name: AIKARA	Agency Contact Name	e: Telephor	ne:
Destination Country: QUITAR	Departure (Effective)	Date: 16/01/25	
3. Beneficiary Information	ier's Name:	G. Father's Name	
I hereby assignee the policy benefits to the fl	owing beneficiaries. Policy	y benefit payments are subject r	equired claim
documents, court order and liquidation repor	t attested by the court.	THE LAND	
Allegia - Robinson - Parkinson - C	S. Arb Citys 1984	Woreda: Kebele	was/Talanhana
Full Name	Relationship	Percentage Share Add	ress/Telephone
i. ABA FUFA	HUSBAND	THEOR IS TUNIOUS	
ii. In the accounted of him their saine		Telephone:	and the second of the second o
iii.			1 K 5 P
iv.	5	3 THE ST	
V.	s lency Contact (support	:icupior	W
vi.	Displaying (Effective	Duge	
vii.			
See a program Industribution		Total	100%
the policy benefits to the il	owing benefic aries, a mar		
Please attached copy of Passport and Kebele	ID to this form.	77.4	
	E SECTION OF STREET		