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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:	क्षित्र क्षेत्र का _{में सम्ब}	
Title: Mr./Ms./Mrs.		
(As printed in the passport)		
Name: NURIVA Father's Name: ABI	G. Father's Nar	ne: AMAN
Date of Birth: 19 SEP 89 Place of Birth: HADY Pas	ssport Number: EP 92313	56 Gender:
Address: - Region: Dr-Bus City: Sub City: Hossia	NA Woreda: HAD Mebele:	H. No.:
Occupation: HOUSE MAID Marital Status: MAR	Labor ID Number	
Contact Person in case of Emergency: Name RAHMETU AB	D) Telephone: 09217	22863/
2. Particulars of The Travel	09418	67258
Agency Name: AllCABA Agency Contact Na	me: Telepl	hone:
Destination Country: OATAR Departure (Effective	e) Date: 26/12/24	
3. Beneficiary Information		H.
hereby assignee the policy benefits to the flowing beneficiaries. Pol documents, court order and liquidation report attested by the court.	icy benefit payments are subject	ct required claim
Full Name Relationship	Percentage Share A	ddress/Telephone
ERHMETU ABDI BRUTHER		
ii.		
iii.		
iv.	State of the state	
process was made in sour copies, once in a time summable work or reco.		
VI. Special was along by poly basines and the artistical materials.	(40 ft) that posterous section is such as were	el rees :
vii. stop grand althours, or a standard reads grant page its grand correspond	Name of the last o	as sach a third copy is deposit
A. Arabite 8	Total	100%
Please attached copy of Passport and Kebele ID to this form.		
Name of Life Assured: NORIYA Signature:	Date: 7	X112124