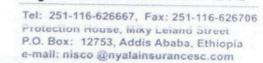


1. Particulars of the Life Assured:





## Foreign Employment Term Assurance (FETAP) Proposal Form

Title: Mr./Ms./Mrs.			
(As printed in the passport)			
Name: Hawa Fat	her's Name: Hussen	G. Father's	Name: Jilo
Date of Birth: 21-dec-97 Place of Bir	th: APSI Pass	port Number: Ep 890	228) Gender: FEMA
Address: - Region: Dromia City:	Sub City: APS;	Woreda: Kebe	ele: H. No.:
Occupation: House-maid Ma	rital Status:	Labor ID Nu	mber:
Contact Person in case of Emergency: Name	Ahmed Amo	Telephone: 09	2061 94 37
2. Particulars of The Travel			
Agency Name: B M G Foreign Employment Age	ency Agency Contact Nam	ne: <b>GETAHUN</b> T	elephone: <b>0911277320</b>
Destination Country:UAE	Departure (Effective)	Date:	8
3. Beneficiary Information			
I hereby assignee the policy benefits to the fluorements, court order and liquidation report		ey benefit payments are s	ubject reguired claim
Full Name	Relationship	Percentage Share	Address/Telephone
i. Ahmed Amen	Husband	200%	0920619437
iii,			
iv.			
V.			Con Charle and The continues are a second and the first and the continues are a second
VIVII.		·	
,		Total	100%
Please attached copy of Passport and Kebele I	D to this form.	1.0/	
Name of Life Assured: Hawa	Signature:	AUS C Date:	21/5/2025