



Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: MAREMA Father's Name: ABDI G. Father's Name: JEMIALDate of Birth: 12-Sep-87 Place of Birth: Shoko Passport Number: EP9340436 Gender: FemaleAddress: - Region: 130 ~~South~~ City: Shoko Sub City: _____ Woreda: Shoko Kebele: BRgi H. No.: _____Occupation: House maid Marital Status: Married Labor ID Number: EF10 4926 06Contact Person in case of Emergency: Name Ephram Gebja Telephone: 0944 8972 80

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Negma Telephone: 0972302010Destination 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.	<u>Ephrame Gebja</u>	<u>husband</u>	<u>100%</u>	<u>0944 8972 80</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
Total			100%	

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: Marema Abdi Signature: [Signature] Date: 30-Dec-24