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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: ATSEDE Father	r's Name: TSEGAY	G. Father's 1	Name: DEFERETU
Date of Birth: 17 JUN 86 Place of Birth: NORTH SHOWS Sport Number: EP9385647 Gender: F			
Address: - Region: AMHARA City: Sub City: NORIH SHOWoreda: Kebele: H. No.:			
Occupation: Marital Status: Labor ID Number:			
Contact Person in case of Emergency: Name WAGE TSE GAYE Telephone: 0910430286			
2. Particulars of The Travel			
Agency Name: Alenga.	_ Agency Contact Name	e: Te	lephone:
Destination Country: Departure (Effective) Date: 10101/75			
3. Beneficiary Information			
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. WAGE TSEGATE	Sister	g hourses	100X
ii.			
iii.	p a contact or m2- p	no pl. Spans one as	p -buor magau —
iv.	Outline Fund Manage In	e ambioz so willions is	
V. 1 purmous management	II-WINDOWS NO OF THE	percolo se suproje	Horougher
vi.			
vii.	(1. 2 TO MADO PAR TIKR II)	La minoria de la come pa em	CONTRACTOR AND
[10,1] I mis groundet avez be terminate	ed under the relieven	Total	100%
Please attached copy of Passport and Kebele ID to this form.			
Name of Life Assured:	me of Life Assured: Date:		
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