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Foreign Employment Term Assurance (FETAP) Proposal Form

Date of Birth: 15 JUN 3 Place of Birth: 4051 Passport Number: 1934 3 Address: - Region: 1000 Marital Status: 1200 Labor ID Nu Contact Person in case of Emergency: Name 1000 ABOULAHONE: 1967 2. Particulars of The Travel	ele: H. No.: mber:
Father's Name: HALL G. Father's Name: HALL G. Father's Date of Birth: ASJUN SPlace of Birth: ASSI Passport Number: FRYA Address: - Region: UROMINCity: Sub City: ARSI Woreda: LITAKeb Occupation: HOUSE MAID Marital Status: MARRIED Labor ID No Contact Person in case of Emergency: Name MUHDIMMED ARDOLIMATION: USE Departure (Effective) Date: Agency Name: Departure (Effective) Date: ALIPATE 3. Beneficiary Information 1 hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share i. HONAMMED ABDULAH HUSCHAID ii. iii.	0504 Gender: Fele: H. No.: H.
Date of Birth: 15 JUN 3-Place of Birth: 1851 Passport Number: 1924 Address: - Region: UponipCity: Sub City: 1951 Woreda: Litakeb Occupation: 160056 MAID Marital Status: 14006 Labor ID No Contact Person in case of Emergency: Name 16006 Agency Ame: 16006 Agency Contact Name: 16006 Agency Name: 16006 Agency Contact Name: 16006 Date: 16006 Date	0504 Gender: Fele: H. No.: H.
Address: - Region: UROMOCity: Sub City: ARSI Woreda: LITOKeb Occupation: HOUSE MAID Marital Status: MARRIED Labor ID No Contact Person in case of Emergency: Name MUHIMMED AROUMAND: UGC 2. Particulars of The Travel Agency Name: Almaysa Agency Contact Name: Destination Country: UAE Departure (Effective) Date: 224 [2] 2 3. Beneficiary Information 1 hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share i. HOHAMMED ABDULAH HUSCHND ii. iii.	ele: H. No.: mber: 7335965
Occupation: HOUSE MAID Marital Status: MARRIED Labor ID No. Contact Person in case of Emergency: Name MUHAMAED AROULANDON: CIG To a second of the Travel Agency Name: Al MASA Agency Contact Name: Destination Country: Departure (Effective) Date: 234 (D12) 3. Beneficiary Information I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share i. HOHAMAED ABDULAH HUSBAND ii. iii	mber:
Contact Person in case of Emergency: Name MUHAMMED ABOTEMHONE: LIGHT 2. Particulars of The Travel Agency Name: Almas Agency Contact Name: Destination Country: Departure (Effective) Date: 224022 3. Beneficiary Information 1 hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share i. HOHAMMED ABOULAH HUSBAND ii. iii. iii. iii.	7835965
Contact Person in case of Emergency: Name MUHAMMED ABOTEMHONE: LIGHT 2. Particulars of The Travel Agency Name: Almas Agency Contact Name: Destination Country: Departure (Effective) Date: 224022 3. Beneficiary Information 1 hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share i. HOHAMMED ABOULAH HUSBAND ii. iii. iii. iii.	7835965
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Departure (Effective) Date: 24(2) 3. Beneficiary Information I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share i. HOHAMMED ABDULAH ii. iii. iv.	Telephone:
3. Beneficiary Information I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share i. HOHAMMED ABDULAH ii	
I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are documents, court order and liquidation report attested by the court. Full Name Relationship Percentage Share	
i. HOHAMHED ABDULAH ii	
Full Name Relationship Percentage Share i. HOHAMMED ABDULAH ii	subject required claim
i. HOHAMMED ABDULAH HUSBAND ii iii iv	
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Please attached copy of Passport and Kebele ID to this form.	100%
Name of Life Assured: 37) P Signature: Da	100%