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Foreign Employment Term Assurance (FETAP) Proposal Form

Title: Mr./Ms./Mrs. (As printed in the passport) Name: Alma? Father's Name: Asfaw G. Father's Name: Marmo Date of Birth: 10-Dec 35 Place of Birth: 11mmv Passport Number: 603103006 Gender: Address: - Region: City: Sub City: Woreda: Kebele: H. No.: Occupation: 1005emaid Marital Status: Maried Labor ID Number: 613117765 2. Particulars of The Travel Agency Name: Agency Contact Name: Telephone: 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. Mare Marmo Arm 100% Total 100%	1. Particulars of the Life Assured:			
Name: Alma 2 Father's Name: Asfaw G. Father's Name: Mamo Date of Birth: 10-Dec-35 Place of Birth: 16mm Passport Number: 613103006 Gender: Address: - Region: City: Sub City: Woreda: Kebele: H. No.: Occupation: 1605emaid Marital Status: Mamed Labor ID Number: 6135888 Contact Person in case of Emergency: Name Mame Mamo Telephone: 0913 117765 2. Particulars of The Travel Agency Name: Agency Contact Name: Telephone: Destination Country: 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. Mame Mamo Aunt 1607 0913137766 ii. iii. 1707 0913137766 iii. 1708 1708 1708 1708 1708 1708 1708 1708	Title: Mr./Ms./Mrs.		24	
Date of Birth: 10-Dec -35 Place of Birth: 10-Dec				
Address; - Region: City: Sub City: Woreda: Kebele: H. No.: Occupation: Labor ID Number: E Labor ID Number: E Contact Person in case of Emergency: Name Marked Telephone:	Name: Almaz	Father's Name: Asfau	G. Father's	Name: Marmo
Contact Person in case of Emergency: Name Mame Mamo Telephone: OPI3 J1 7765 2. Particulars of The Travel Agency Name: Agency Contact Name: Telephone: 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	Date of Birth: 10-Dec -85 Place of	Birth: Limmu Passpo	ort Number: EP 810	8006 Gender:
Contact Person in case of Emergency: Name Mame Mamo Telephone: 0913 117465 2. Particulars of The Travel Agency Name: Agency Contact Name: Telephone: Destination Country: Departure (Effective) Date: 3. Beneficiary Information It 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 Mame Marmo And	Address: - Region: City:	Sub City:	Woreda: Kebe	ele: H. No.:
Agency Name: Agency Contact Name: Telephone: Destination Country: 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. Mame Marmo Anth Joot Gal33337+65 ii	Occupation: Housemaid	Marital Status: Mamed	Labor ID Nu	mber: EFJ0558880
Agency Name: Agency Contact Name: Telephone: Destination Country: 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	Contact Person in case of Emergency: Na	me Mame Marmo	Telephone: 0913	117765
Destination Country:	2. Particulars of The Travel			
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. Mame Marmo Aunt 1607 0913117765 ii	Agency Name:	Agency Contact Name	:	elephone:
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	Destination Country:	Departure (Effective)	Date:	_
i. Mame Marmo Aunt 1607 C913117766 ii. iii. iv. v. v. vi. vii.	3. Beneficiary Information			
Full Name Relationship Percentage Share Address/Telephone	I hereby assignee the policy benefits to th	e flowing beneficiaries. Policy	benefit payments are s	ubject required claim
i. Mame Marmo Aunt 100% 0913117765 ii. iii. iv. v. v. vi. vii.		-		4
ii. iii. iv. v. vi.	Full Name	Relationship	Percentage Share	Address/Telephone
iv. v. vi. vii.		Aunt	160%	0913117765
v. vi. vii.	iii.			
vi. vii.	iv.		-	
vii.	3			-
	VII.		Total	100%
Please attached copy of Passport and Kebele ID to this form.	Diago attached conv. of Daggment and Val	ala ID to this form		
Carlo del	Name of Life Assured: Alma 2 A	Slaw_Signature:_	L (/	: 27-Jan-25