

Oromiyaa Inshuraans Kaampaanii W.A

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Oromia Insurance Company S.C

P.O.Box 10090, Addis Ababa, Ethiopia, Tel.+251-11-557 21 21, Fax +251-11557 2122
E-mail :Oromiainsurance@ethionet.et Website:http://WWW.Oromia insurance company.com.et

EMPLOYEE'S FORM PROPOSAL FOR FIDELITY GUARANTEE

To prevent delay and to facilitate the completion of the papers, the Applicant is desired to answer every question clearly and full, and in particular, to write plainly the postal addresses of the Employers and references

1. What is the applicant's

(a) Full name ?

(b) Residential address?

(c) Age?

2. What are the Full Name address and Business of employers?

3. What is the amount of guarantee required?

4. What is the duties in respect of which this Guarantee is required?

5. What is the applicant's salary or other remuneration and What are the deductions (If any)therefrom?

6. (a) Has applicant ever applied for a guarantee to this Branch or any other Branch?

(b) if so, to what Branch, and at what date?

(c) was the application accepted or declined?

Name	Address	Profession or Occupation

7 (a) Is the applicant single or married? _____

(b) How many Children or other persons
Are wholly dependent upon the
applicant? _____

8 What are the nature and amount of the
Applicant's debts or of any other liabilities
Existing? _____

9 (a) Was the applicant ever bankrupt or
Insolvent? _____

(b) Did the applicant ever compound
With his creditors? _____

(c) If so, in what year, what arrangement
was made and was an immediate discharge
granted? _____

10 Has the Applicant any means of support
In addition to the remuneration from
The employment for which this Insurance
Is required? If so give particulars. _____

11 Has applicant ever been discharged
From any situation or been deprived of
a commission or any other engagement?
If so, give particulars. _____

12 (a) Is the applicant a householder?
(b) How long has the applicant lived at his
Present address? _____

13 (a) Does the furniture belong to the
Applicant and what is its estimated
Value? _____

(b) Is it encumbered? _____

14 Is the applicant's life insured? if so, for
how much, and what is the policy. No.? _____

15 What are the names, addresses and occupations of two householders who are not related to, but have been intimately known to the applicant in private life for some years, to whom the corporation may refer if necessary? (Previous employers should not be named as references). _____

Name	Address	Profession or occupation

16 How has the applicant been occupied during the last five years? The name and address of all employers should be given. _____

Oromia Insurance Company W.A

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P.O. Box 11557 Addis Ababa, Ethiopia Tel: 011-11557 2121 Fax: 011-11557 2122

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EMPLOYEE'S FORM

N.B-The period must be fully accounted for.

I hereby declare that all the above statements contain the truth without any mental reservations whatsoever on my part and I request the OROMIA INSURANCE COMPANY to furnish security on my behalf in accordance with the above particulars . I undertake to indemnify the Employer against any loss which may arise by reason of the company's having furnished such security .

1. What is the applicant's

dated this _____ day of _____ 20 _____

(a) Name?

(b) Residential address?

(c) Age?

Witness _____

Signature _____

2. What are the Full Name address and Business of employers?

3. What is the amount of guarantee required?

4. What is the object in respect of which the guarantee is required?

5. What is the applicant's salary or other remuneration and What are the deductions (if any) therefrom?

6. (a) Has applicant ever applied for a guarantee to this Branch or any other Branch?

(b) If so, to what Branch and at what date?

(c) Was the application accepted or declined?