ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626067, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

(e.g. Mr./Ms./Mrs.
(granted in the passport)

Name: Belaynesh Father's Name: Taddesse G. Father's Name: Mengiste

Date of Birth: 26-Jun-76 Place of Birth: Sidamo Passport Number: EQ1179389 Gender: Female

Address: - Region: Amhara City: D/markos Sub City: _____ Woreda: _____ Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Divorced Labor ID Number: _____

Contact Person in case of Emergency: Name Animaw Temesgan Telephone: 0911553655535

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: _____ Telephone: _____

Destination Country: Dubai Departure (Effective) Date: _____

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.		Uncle	100%	0911553655536
ii.				
iii.				
iv.				
v.				
vi.				
vii.			Total	100%

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

Name of Life Assured: _____ Signature: _____ Date: _____