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Nyala Insurance S.C

Tel: 251-116-626667, 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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Sara Father's Name: Mohammed G. Father's Name: Abajobir

Date of Birth: 13-mar 80 Place of Birth: Jimma Passport Number: EP8948830 Gender: Female

Address: - Region: oromia City: Adama Sub City: --- Woreda: --- Kebele: Adi H. No.: ---

Occupation: House maid Marital Status: married Labor ID Number: EF10213213

Contact Person in case of Emergency: Name Mohamed Ahmed Telephone: 0933343273

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: --- Telephone: ---

Destination Country: Quater 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.	<u>---</u>	<u>Husband</u>	<u>100 %</u>	<u>093343273</u>
ii.	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
iii.	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
iv.	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
v.	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
vi.	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
vii.	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
			Total	100%

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

Name of Life Assured: --- Signature: --- Date: ---