ኒያላ ኢንሹራንስ አ.ማ
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

Particulars of the Life Assured:

(Mr./Ms./Mrs.
(printed in the passport)
Name: Etewoy Father's Name: Mulu G. Father's Name: Tesfa
Date of Birth: 27-Apr-85 Place of Birth: Merabete Passport Number: EP8811575 Gender: Female
Address: - Region: Amhara City: Alem Sub City: _____ Woreda: ____ Kebele: 01 H. No.: _____
Occupation: House maid Marital Status: Married Labor ID Number: EFxGx85542
Contact Person in case of Emergency: Name Gomeju Mulu Telephone: 0949874471

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.		Sister	100%	0949874471
ii.				
iii.				
iv.				
			Total	100%

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

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