



ኒያላ ኢንሹራንስ አ.ማ

Nyala Insurance S.C

Tel: 251-116-626867, 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:

Title: Mr./Ms./Mrs.

(Printed in the passport)

Name: Mekdes

Father's Name: Gonfa

G. Father's Name: Biratu

Date of Birth: 12-sep-91 Place of Birth: Welenkom Passport Number: EP 7364491 Gender: Female

Address: - Region: Oromia City: Olankom Sub City: \_\_\_\_\_ Woreda: Ajersa Kebele: 02 H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: Single Labor ID Number: 1840

Contact Person in case of Emergency: Name Tsehay lema Telephone: 0979951447

### 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

Mother

100 %

0979951447

Total

100%

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

Name of Life Assured: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_