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Nyala Insurance S.C

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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: Berha Father's Name: Gebrehiwat G. Father's Name: Bahita
Date of Birth: 23 Jan - 98 Place of Birth: Adwa Passport Number: EP7918844 Gender: Female
Address: - Region: A.A City: AA Sub City: Guilele Woreda: 7 Kebele: Guilele H. No.: 13/92
Occupation: Housemaid Marital Status: Single Labor ID Number: EF10089396
Contact Person in case of Emergency: Name Gebrehiwat Bahita Telephone: 0949062678

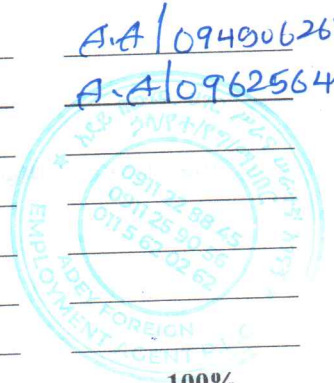
2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194
Destination Country: UAE 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>Gebrehiwat Bahita</u>	<u>Father</u>	<u>50%</u>	<u>A.A/0949062678</u>
ii.	<u>Tsega Gebrehiwat</u>	<u>Sister</u>	<u>50%</u>	<u>A.A/096256449</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Berha Gebrehiwat Signature: [Signature] Date: 21 May - 20