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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tadelech Father's Name: Tesfaye G. Father's Name: Degeta

Date of Birth: 05-Nov-96 Place of Birth: A.A. Passport Number: EP6617223 Gender: Female

Address: - Region: A.A. City: A.A. Sub City: Lemi Woreda: 14 Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: EF11380190

Contact Person in case of Emergency: Name Tesfaye Doje Telephone: 0923655672

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Negma Telephone: 0972302010

Destination Country: Kuwait 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>Tesfaye Doje</u>	<u>Husband</u>	<u>100 %</u>	<u>0923655672</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: Tadelech Signature: [Signature] Date: _____