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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: Hatifa Father's Name: Muhammed G. Father's Name: ALiy

Date of Birth: 02-feb-90 Place of Birth: Kula Passport Number: EQ 1051138 Gender: Female

Address: - Region: Oromia City: Sude Sub City: \_\_\_\_\_ Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: Married Labor ID Number: EF10786147

Contact Person in case of Emergency: Name Nuru Adem Telephone: 0918826241

### 2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: Dubai 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>husband</u>	<u>100 %</u>	<u>0918826241</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: \_\_\_\_\_ Signature: Hatifa Date: \_\_\_\_\_