



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:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: Aynalem Father's Name: Samuel G. Father's Name: Salfako
Date of Birth: 27-Dec-01 Place of Birth: Wolaita Passport Number: EP7707932 Gender: Female
Address: - Region: A-A City: A-A Sub City: Yeka Woreda: 08 Kebele: _____ H. No.: _____
Occupation: House maid Marital Status: Single Labor ID Number: _____
Contact Person in case of Emergency: Name Yohanes Samuel Telephone: 09 10003274

2. Particulars of The Travel

Agency Name: Aitaba 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>Brother</u>	<u>100 %</u>	<u>0910003274</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Time of Life Assured: _____ Signature: _____ Date: _____