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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Shewanes Father's Name: Seyfe G. Father's Name: kfle

Date of Birth: 11-Jun-84 Place of Birth: Debrebirhan Passport Number: EP8571851 Gender: Female

Address: - Region: Amhara City: Debrebirhan Sub City: ~~Debrebirhan~~ Woreda: 01 Kebele: 02 H. No.: _____

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Betii Telephone: 0985210029

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Newny Telephone: 0912805194

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.	Betii	Relative	100%	0985210029
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Shewanes **Signature:** _____ **Date:** _____