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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: 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 Woreda: DL Kebele: 02 H. No.: _____

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

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

2. Particulars of The Travel

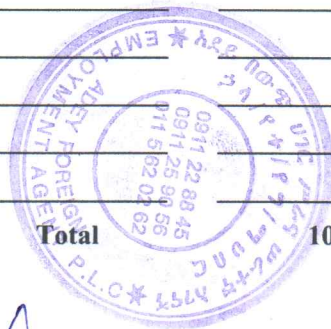
Agency Name: Adey Agency Agency Contact Name: Mewny Telephone: 0912805194

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.	<u>Betie</u>	<u>Relative</u>	<u>100%</u>	<u>0985210029</u>
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: [Signature] Date: _____