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: Beransh Father's Name: Desalign G. Father's Name: Mekebo

Date of Birth: 11-Nov-92 Place of Birth: Hossana Passport Number: EP 7711992 Gender: female

Address: - Region: Centra City: Hossana Sub City: _____ Woreda: _____ Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name: 1. Ashenafi Degefe Telephone: 0912946025
2. Desaleg mekebo 0913917149

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.	Ashenafi Degefe	Brother	50 %	0912946025
ii.	Desalegn mekebo	father	50 %	0913917149
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

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