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: Alem Father's Name: Haile G. Father's Name: Abebe

Date of Birth: 11-Sep-93 Place of Birth: Shankora Passport Number: EQ2003301 Gender: Female

Address: - Region: Amhara City: North Shoa Sub City: - Woreda: Minjar Kebele: Ziewide H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: EF1139462

Contact Person in case of Emergency: Name Melese Tiruneh Telephone: 0921725941

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejua Telephone: 0972302010

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.	Melese Tiruneh	Brother	100 %	0921725941
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

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