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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Geleane Father's Name: Aduna G. Father's Name: Dadi

Date of Birth: 11-Sep-93 Place of Birth: Sebeta Passport Number: EP7024734 Gender: f

Address: - Region: Oromia City: Tulubora Sub City: Gaidu Woreda: Gaidu Kebele: H. No.:

Occupation: House maid Marital Status: M Labor ID Number:

Contact Person in case of Emergency: Name Aduna dadi Telephone: 09 73361015

2. Particulars of The Travel

Agency Name: Agency Contact Name: Telephone:

Destination Country: 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>Aduna dadi</u>	<u>father</u>	<u>100%</u>	<u>09 73361015</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Geleane Signature:  Date: 26/5/125