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Nyala Insurance S.C

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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: Zinash Father's Name: Endale G. Father's Name: Bika

Date of Birth: 18-Nov-90 Place of Birth: Debrezeit Passport Number: EP-7670316 Gender: Female

Address: - Region: Oromia City: D/zeit Sub City: _____ Woreda: Cheki Kebele: afa H. No.: _____

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

Contact Person in case of Emergency: Name Solomon Tekda Telephone: 09-23-50-94-38

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa 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.	<u>Solomon Tekola</u>	<u>Brother in law</u>	<u>100%</u>	<u>0923509438</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Zinash Endale Signature: Zin Date: _____