



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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: Birhane Father's Name: Dida G. Father's Name: Deme

Date of Birth: 11-sep-97 Place of Birth: Fale Passport Number: E87028228 Gender: Female

Address: - Region: oromia City: North Shoa Sub City: _____ Woreda: kura Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Habtamu Bekele Telephone: 0920225227

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
<u>Habtamu Bekele</u>	<u>Husband</u>	<u>100 %</u>	<u>0920225227</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			100%*

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

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