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**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: Gadise Father's Name: Deme G. Father's Name: ERko  
Date of Birth: 13-Jan-86 Place of Birth: shoa Passport Number: EP9117926 Gender: female  
Address: - Region: oromia City: East Sub City: shoa Woreda: Kebele: 02 H. No.:   
Occupation: House maid Marital Status: Married Labor ID Number: EF10886346  
Contact Person in case of Emergency: Name Shmeles Telephone: 0915826580  
Belachew

### 2. Particulars of The Travel

Agency Name: Altaba 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.		<u>Husband</u>	<u>100 %</u>	<u>0915826580</u>
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: