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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: BURIE Father's Name: Woyanma G. Father's Name: BUNE

Date of Birth: 21-Nov-98 Place of Birth: Adami Tulu Passport Number: EP7840810 Gender: Female

Address: - Region: Oromia City: Yeka Sub City: Ado Woreda: _____ Kebele: _____ H. No.: _____

Occupation: housemaid Marital Status: single Labor ID Number: _____

Contact Person in case of Emergency: Name Godana Tura Telephone: 0954671766

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: QAE 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>Woyanma BUNE</u>	<u>father</u>	<u>100%</u>	<u>Ado/0975603861</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: BURIE Woyanma Signature: [Signature] Date: 23-2-2021