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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: Tigist Father's Name: Minale G. Father's Name: Alemu

Date of Birth: 23-Jul-88 Place of Birth: Gojam Passport Number: EQ1369217 Gender: Female

Address: - Region: Amhara City: Bidar Sub City: _____ Woreda: _____ Kebele: 13 H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EFTW/G-12716

Contact Person in case of Emergency: Name Fentahun Telephone: 0923234732
Niguse

2. Particulars of The Travel

Agency Name: Alkaba 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>Cousin</u> | <u>100%</u> | <u>0923234732</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: [Signature] Date: _____