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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Kibkab Father's Name: Mekibib G. Father's Name: Getachew

Date of Birth: 10-Jun-89 Place of Birth: A.A. Passport Number: EP7370177 Gender: Female

Address: - Region: A.A. City: A.A. Sub City: Yeka Woreda: 05 Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Single Labor ID Number: EF11361464

Contact Person in case of Emergency: Name Almaz Mekonen Telephone: 0913836881

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.	Almaz Mekonen	Aunt	100%	0913836881
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Kibkab **Signature:** _____ **Date:** 2/11/212