ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626765
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: Desta Father's Name: Shewangizaw G. Father's Name: Woldegiworgis
Date of Birth: 16-Oct-88 Place of Birth: Kewet Passport Number: EQ1408620 Gender: Female
Address: - Region: Amhara City: D/birhan Sub City: Tebase Woreda: _____ Kebele: _____ H. No.: _____
Occupation: House maid Marital Status: Married Labor ID Number: EF10415076
Contact Person in case of Emergency: Name ~~Aberash~~ Abeje Tesema Telephone: 0913988184

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: _____ Telephone: _____
Destination Country: Dubai Departure (Effective) Date: _____

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
	Husband	100%	0913988184
		Total	100%

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

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