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: Zeytuna Father's Name: Mamo G. Father's Name: Haji

Date of Birth: 14-MAR-88 Place of Birth: Chofore Passport Number: EQ2034048 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Arsi Woreda: Iemuna Kebele: _____ H. No.: _____

Occupation: House-maid Marital Status: M Labor ID Number: EE10986694

Contact Person in case of Emergency: Name Hussen kedir Telephone: 0922768007

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

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.	Hussen kedir	Husband	100%	0922768007
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:** _____