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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626766
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: Belainesh

Father's Name: Bareko

G. Father's Name: Melyu

Date of Birth: 20 sep 86 Place of Birth: Holeta Passport Number: EP9074614 Gender: Female

Address: - Region: oromia City: Holeta Sub City: _____ Woreda: _____ Kebele: _____ II. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF 10339374

Contact Person in case of Emergency: Name Terafa Dadi Telephone: 0910912519

Particulars of The Travel

Agency Name: Allkaba

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>husband</u>	<u>100%</u>	<u>0910912519</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: _____

Date: _____