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: Aster Father's Name: Egigu G. Father's Name: Kasa

Date of Birth: 11-Sep-92 Place of Birth: Wonchi Passport Number: EP6721162 Gender: Female

Address: - Region: Oromia City: Shoa Sub City: _____ Woreda: Bako Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Lemesa Gebyo Telephone: 0936652449

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.		Brother	100%	0936652449
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:** _____