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: Almaz Father's Name: Mekuria G. Father's Name: Gurmu

Date of Birth: 18-APR-86 Place of Birth: Sebeta Passport Number: EQ1274902 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: ~~Adama~~ Elshoa Woreda: Adama Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Kebebush Gurum Telephone: 0919292179

**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. | Kebebush Gurum | Aunt | 100% | 0919292179 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | **Total** | **100%** |

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

**Name of Life Assured:** Almaz **Signature:** _____ **Date:** 31/6/20