



ኒላ አ.ንኹራንስ አ.ማ

Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626700

Protection House, Miky Leland Street

P.O. Box: 12753, Addis Ababa, Ethiopia

e-mail: nyala@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Mistre Father's Name: Balengo G. Father's Name: Bate

Date of Birth: 18-Jan-88 Place of Birth: Gezo Passport Number: EP8579928 Gender: female

Address: - Region: A.A. City: A.A. Sub City: Yeka Woreda: 10 Kebele: H. No.:

Occupation: House maid Marital Status: Labor ID Number:

Contact Person in case of Emergency: Name Etenesh Balengo Telephone: 0912001056

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. <u></u>	<u>Sister</u>	<u>100%</u>	<u>0912001056</u>
ii. <u></u>	<u></u>	<u></u>	<u></u>
iii. <u></u>	<u></u>	<u></u>	<u></u>
iv. <u></u>	<u></u>	<u></u>	<u></u>
v. <u></u>	<u></u>	<u></u>	<u></u>
vi. <u></u>	<u></u>	<u></u>	<u></u>
vii. <u></u>	<u></u>	<u></u>	<u></u>
Total			100%

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

Name of Life Assured: Signature: Date: