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

Particulars of the Life Assured:

Mr./Ms./Mrs.

(as printed in the passport)

Name: Birkinesh Father's Name: Mekoya G. Father's Name: Teshome

Date of Birth: 20-sep-02 Place of Birth: North Shewa Passport Number: EQ1939450 Gender: Female

Address: - Region: A.A. City: A.A. Sub City: ቂርቆስ Woreda: 04 Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Single Labor ID Number: EF10923712

Contact Person in case of Emergency: Name Mekoya Teshome Telephone: 0925926790

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: _____ Telephone: _____

Destination Country: Dubai Departure (Effective) Date: _____

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.		Father	100%	0925926790
ii.				
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: _____ Signature: _____ Date: _____