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: [illegible] Father's Name: [illegible] G. Father's Name: [illegible]

Date of Birth: ______ Place of Birth: ______ Passport Number: ______ Gender: ሴት

Address: - Region: [illegible] City: ______ Sub City: [illegible] Woreda: [illegible] Kebele: ______ H. No.: ______

Occupation: የቤት ሰራተኛ Marital Status: [illegible] Labor ID Number: ______

Contact Person in case of Emergency: Name [illegible] Telephone: 0921011373

2. Particulars of The Travel

Agency Name: [illegible] Agency Contact Name: ______ Telephone: ______

Destination Country: Dubai Departure (Effective) Date: 30/09/2017

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.				
ii.	[illegible]	[illegible]	100%	0921011373
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: [illegible] **Signature:** ______ **Date:** 30/09/2017