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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@nyatainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

0102: Mr./Ms./Mrs.

(as printed in the passport)

name: Toyba Father's Name: Eshetu G. Father's Name: Ali

Date of Birth: 18-Jan-89 Place of Birth: Albko Passport Number: EP9303101 Gender: female

Address: - Region: Amhar City: Desse Sub City: _____ Woreda: Albko Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Endris beyene Telephone: 0922609766

Particulars of The Travel

Agency Name: Aikaba Agency Contact Name: _____ Telephone: _____

Destination Country: Duba Departure (Effective) Date: _____

3. Beneficiary Information

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.		Husband	100 %	0922609766
II.				
III.				
IV.				
V.				
VI.				
VII.				
		Total	100%	

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

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