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Nyala Insurance S.C

Tel: 251-116-626687, 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:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: Misrak Father's Name: Kidani G. Father's Name: Tame

Date of Birth: 27-sep-95 Place of Birth: sheno Passport Number: EP6525871 Gender: Female

Address: - Region Oromia City: Sheno Sub City: _____ Woreda: _____ Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Dagim Kidanemariam Telephone: 0916338542
0712038085

Particulars of The Travel

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

Destination Country: Dubai Departure (Effective) Date: _____

Beneficiary Information

thereby 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
	Brother	100 %	0916338542
	Total	100% *	

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

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