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: Fatuha Father's Name: Aliyu G. Father's Name: Oumer

Date of Birth: 16-Jul-81 Place of Birth: Buttajera Passport Number: EP9243538 Gender: Female

Address: - Region: City: Sub City: Woreda: Kebele: H. No.:

Occupation: Housemaid Marital Status: Married Labor ID Number: EF1039149S

Contact Person in case of Emergency: Name Tadese girma Telephone: 0919718378

2. **Particulars of The Travel**

Agency Name: Albaba Agency Contact Name: Nejma Telephone: 0972302010

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. | | Brother | 100% | 0919718378 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | Total | 100% |

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

Name of Life Assured: ፋጥሃ ጀማል ጀመር Signature: Date: