ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626766
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: Alemitu Father's Name: Bagasha G. Father's Name: Demise

Date of Birth: 11-sep-92 Place of Birth: Nacho Passport Number: EP8028750 Gender: Female

Address: - Region: Oromia City: Shagar Sub City: Koye fiche Woreda: Arab Kebele: H. No.:

Occupation: Housemaid Marital Status: married Labor ID Number: EF11245866

Contact Person in case of Emergency: Name Ashenafi Kebde Telephone: 0931289804

2. **Particulars of The Travel**

Agency Name: Alkaba Agency Contact Name: Nejua Telephone: 0972302010

Destination Country: UAE 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.	Ashenafi Kebde	Husband	100 %	0931289804
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Alemitu Bagasha Signature: Alemitu Date: