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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Workinesh Father's Name: Muhammed G. Father's Name: Yimam

Date of Birth: 11-Sep-88 Place of Birth: Kutaber Passport Number: EQ 1967291 Gender: Female

Address: - Region: Amhara City: Debe Sub City: _____ Woreda: _____ Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Divorced Labor ID Number: EF11157878

Contact Person in case of Emergency: Name Umer Muhammed Telephone: 0920311129

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Néjwa 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.	<u>Umer Muhammed</u>	<u>Brother</u>	<u>100 %</u>	<u>0920311129</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

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