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

Particulars of the Life Assured:

(Mr./Ms./Mrs.

(as printed in the passport)

Name: Trhas Father's Name: Gebrewahid G. Father's Name: Gebremedhn

Date of Birth: Place of Birth: Passport Number: Gender:

Address: - Region: Tigray City: shere Sub City: Woreda: Enda selase Kebele: 08 H. No.:

Occupation: House maid Marital Status: Divorced Labor ID Number: EFIQE83920

Contact Person in case of Emergency: Name Solomon Guesh Telephone: 0936405360

Particulars of The Travel

Agency Name: Alkaba. Agency Contact Name: Telephone:

Destination Country: Dubai Departure (Effective) Date:

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 %	0936405360
ii.				
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: Signature: Date: