ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-628667, 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:

Mr./Ms./Mrs.
(printed in the passport)

Name: ገብሬ Father's Name: ጎይቶም G. Father's Name: ጎሳ

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

Address: - Region: ጎንደር City: Sub City: ጎሎ Woreda: ፃግዕዲ Kebele: H. No.:

Occupation: የቀጥታ ሽያጭ Marital Status: ያገባ Labor ID Number:

Contact Person in case of Emergency: Name ብዙአየሁ ታደሰ Telephone: 0926720078

Particulars of The Travel

Agency Name: ጎልማ ጎዳና ትራንስ Agency Contact Name: Telephone:

Destination Country: Dubai Departure (Effective) Date: 3/10-/2014

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
ብዙአየሁ ታደሰ	ሚስት	100%	0926720078
		Total	100%

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

Name of Life Assured: ገብሬ Signature: Date: 3/10/2014