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**Nyala Insurance S.C**  
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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: Zehara Father's Name: Kedir G. Father's Name: Hassen

Date of Birth: 20-Nov-83 Place of Birth: Oumna Ba Passport Number: EP8383127 Gender: Female

Address: - Region: A.A. City: A.A. Sub City: Kolfe Woreda: 03 Kebele:  H. No.:

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

Contact Person in case of Emergency: Name Bidwan Keol Telephone: 0911451609

### 2. Particulars of The Travel

Agency Name: Allcaba Agency Contact Name:  Telephone:

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.   | <u></u>   | <u>Brother</u> | <u>100%</u>      | <u>0911451609</u> |
| ii.  | <u></u>   | <u></u>        | <u></u>          | <u></u>           |
| iii. | <u></u>   | <u></u>        | <u></u>          | <u></u>           |
| iv.  | <u></u>   | <u></u>        | <u></u>          | <u></u>           |
| v.   | <u></u>   | <u></u>        | <u></u>          | <u></u>           |
| vi.  | <u></u>   | <u></u>        | <u></u>          | <u></u>           |
| vii. | <u></u>   | <u></u>        | <u></u>          | <u></u>           |
|      |           | Total          | 100%             |                   |

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

Name of Life Assured:  Signature: Zeh Date: