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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: Fedila Father's Name: Mossa G. Father's Name: Mohammed

Date of Birth: 12-mar-95 Place of Birth: Site Passport Number: EP7208548 Gender: Female

Address: - Region: Centra City: Worabe Sub City: \_\_\_\_\_ Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: Married Labor ID Number: EF11296691

Contact Person in case of Emergency: Name Abdulfeta Isa Telephone: 0908092067

### 2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejma 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>Abdulfeta Isa</u>	<u>Husband</u>	<u>100%</u>	<u>0908092067</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: \_\_\_\_\_ Signature: Fedila Date: \_\_\_\_\_