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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: Deme Father's Name: Lelisa G. Father's Name: Kejeia

Date of Birth: 10-Apr-94 Place of Birth: Ambo Passport Number: EP 6987693 Gender: Female

Address: - Region: Oromia City: Holeta Sub City: Goro Woreda: Goro Kebele: 5A H. No.: _____

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

Contact Person in case of Emergency: Name Demene Edehi Telephone: 0976551292

2. Particulars of The Travel

Agency Name: Altaka Agency Contact Name: Nejwa 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>Demene Edehi</u>	<u>Husband</u>	<u>100%</u>	<u>0976551292</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: [Signature] Date: _____