ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, 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

1. Particulars of the Life Assured:

Title: Mr. Ms./Mrs.

As printed in the passport)

Name: Dinknesh Father's Name: Ersitu G. Father's Name: Abebo

Date of Birth: 25-Jul-01 Place of Birth: Ameka Passport Number: EP7775873 Gender: Female

Address: - Region: Central City: Hadiya Sub City: _____ Woreda: Amek Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Melesch Ersitu Telephone: 0997024911

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Negus 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.	Melesch Ersitu	Sister	100 %	0997024911
II.				
III.				
IV.				
V.				
VI.				
VII.				
			Total	100%

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

Name of Life Assured: [illegible] Signature: [illegible] Date: _____