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: Boge Father's Name: Negash G. Father's Name: Melka

Date of Birth: 30-sep-89 Place of Birth: Bory Wodecha Passport Number: EQ1956108 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: _____ Woreda: Hetosa Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: Divorced Labor ID Number: EF11161011

Contact Person in case of Emergency: Name Tsegaye Negash Telephone: 0922294816

2. **Particulars of The Travel**

Agency Name: Alkaba Agency Contact Name: Nejua Telephone 0972302010

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.	Tsegaye Negash	Brother	100 %	0922294816
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Boge negash **Signature:** _____ **Date:** 11-June 25