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: [illegible] Father's Name: [illegible] G. Father's Name: [illegible]

Date of Birth: 17 Jun 89 Place of Birth: SIDAMA Passport Number: 8475515

Address: - Region: [illegible] City: ______ Sub City: [illegible] Woreda: [illegible] Kebele: [illegible] H. No.: ______ Gender: ሴት

Occupation: የቤት ሰራተኛ Marital Status: [illegible] Labor ID Number: ______

Contact Person in case of Emergency: Name [illegible] Telephone: 09 16 13 67 10

2. Particulars of The Travel

Agency Name: [illegible] Agency Contact Name: [illegible] Telephone: 0907018418

Destination Country: Dubai Departure (Effective) Date: 09/08/2024

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.	[illegible]	[illegible]	100%	0916136710
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:** [signature] **Date:** 09/08/20[illegible]