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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-62670
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: Mestu Father's Name: Dase G. Father's Name: Bayecha

Date of Birth: 31-Oct-99 Place of Birth: Ejere Passport Number: EQ1940709 Gender: f

Address: - Region: Oromia City: _____ Sub City: W/Shawera Woreda: Ejere Kebele: _____ H. No.: _____

Occupation: House- maid Marital Status: S Labor ID Number: EE10967861

Contact Person in case of Emergency: Name Dase bayecha Telephone: 0936697112

2. Particulars of The Travel

Agency Name: BNG Agency Agency Contact Name: Gretchen Telephone: _____

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>Dase bayecha</u>	<u>father</u>	<u>100 %</u>	<u>0936697112</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Mestu Signature: [Signature] Date: 2/8/20