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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: Teguaze

Father's Name: Tilahun

G. Father's Name: Mulugeta

Date of Birth: 18-Jan-88

Place of Birth: Molale

Passport Number: EQ1944731

Gender: Female

Address: - Region: A.A.

City: A.A.

Sub City: Akaki

Woreda: 03

Kebele: _____

H. No.: _____

Occupation: House maid

Marital Status: Married

Labor ID Number: _____

Contact Person in case of Emergency: Name Kerebeh Derb

Telephone: 0927669711

2. Particulars of The Travel

Agency Name: Alkaba

Agency Contact Name: _____

Telephone: _____

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.	_____	<u>Husband</u>	<u>100%</u>	<u>0927669711</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: _____

Date: _____