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**Nyala Insurance S.C**

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Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Worknesh Father's Name: Takela G. Father's Name: Chemeda

Date of Birth: 26-Feb-91 Place of Birth: Waliso Passport Number: EP8555470 Gender: Female

Address: - Region: oremia City: Waliso Sub City: \_\_\_\_\_ Woreda: \_\_\_\_\_ Kebele: Ajersa H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: single Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Takela chemeda Telephone: 0920961941

### 2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejuma Telephone: 09723020

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>Takela Chemeda</u>	<u>Father</u>	<u>100%</u>	<u>0920961941</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: worknesh Takela Signature: [Signature] Date: \_\_\_\_\_