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Nyala Insurance S.C

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P.O. Box: 12759 Addis Ababa, Ethiopia
e-mail: info@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: Misganeych Father's Name: Getachew G. Father's Name: Mersha

Date of Birth: 20 Jun-97 Place of Birth: Gibe Passport Number: EP2830387 Gender: Female

Address: - Region: Central City: Hosana Sub City: _____ Woreda: Gib Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: single Labor ID Number: _____

Contact Person in case of Emergency: Name Getachew Telephone: _____
Mersha

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>Father</u>	<u>100%</u>	<u>0961092339</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
ii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: _____ Signature: _____ Date: _____