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

Particulars of the Life Assured:

(Mr./Ms./Mrs.
(as printed in the passport)
Name: Mihiret Father's Name: Teshome G. Father's Name: Awano
Date of Birth: 11- Sep- 92 Place of Birth: Amechowato Passport Number: EP7545556 Gender: Female
Address: - Region: C-Ethio Debub City: Hadiya Sub City: Amechowato Woreda: daye Gena Kebele: Amecho Vatu H. No.: _____
Occupation: Housemaid Marital Status: Single Labor ID Number: _____
Contact Person in case of Emergency: Name Teshome Awano Telephone: 0917154379

Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972302016
Destination Country: Dubai Departure (Effective) Date: _____

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.	Teshome Awano	Father	100%	0917154379
ii.				
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: Mihiret Signature: [signature] Date: 21- Feb- 25