ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-1[illegible]67, Fax 251-116 628[illegible]
Piazza [illegible] Miky Leland Street
P.O. Box: 12[illegible] Addis Ababa, Ethiopia
e-mail: nic[illegible]@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

(Mr./Ms./Mrs.
(as printed in the passport)
Name: MELIYA Father's Name: TUNA G. Father's Name: KASIM

Date of Birth: Place of Birth: Passport Number: Gender:

Address: - Region: ORDMIA City: Sub City: ARSI Woreda: ASSELA Kebele: H. No.:

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number:

Contact Person in case of Emergency: Name IBRAHIM MOHAMMED Phone: 0941569554.

Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: Telephone:

Destination Country: QATAR 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.	IBRAHIM MOHAMMED	HUSBAND		lod/
ii.				
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: Meliya Signature: Date: 2016/03/25