



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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Birtuke Father's Name: Feyisa G. Father's Name: Gudeta

Date of Birth: 21-Nov-97 Place of Birth: Koji Albaso Passport Number: EP9137969 Gender: Female

Address: - Region: Oromia City: Kersa Sub City: _____ Woreda: Mu Kebele: nisa H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF10451250

Contact Person in case of Emergency: Name Tulu Eshetu Telephone: 0908061299

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>Tulu Eshetu</u>	<u>Husband</u>	<u>100 %</u>	<u>0908061299</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: _____