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: Habtam Father's Name: Goshu G. Father's Name: Chane

Date of Birth: 11-sep-97 Place of Birth: Borebor Passport Number: EP6948503 Gender: Female.

Address: - Region: Amhara City: _____ Sub City: _____ Woreda: Shebel Berenta Kebele: Muland H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF1071016/

Contact Person in case of Emergency: Name Goshu Chane Telephone: 0964696876

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: _____ Telephone: _____

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.		father	100%	0964696876
II.				
III.				
IV.				
V.				
			Total	100%

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

Name of Life Assured: Habtam Goshu Signature: [signature] Date: _____