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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Genet Father's Name: Ermiyas G. Father's Name: Ayda

Date of Birth: 11-Sep 94 Place of Birth: Widayita Passport Number: EP7582897 Gender: Female

Address: - Region: South City: Gamo Sub City: _____ Woreda: Borda Kebele: _____ H. No.: _____

Occupation: House Maid Marital Status: married Labor ID Number: EF11386028

Contact Person in case of Emergency: Name Embakome Dita Telephone: 0924731330

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: UAE 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>Embakome Dita</u>	<u>Husband</u>	<u>100%</u>	<u>0924731330</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Genet Signature: [Signature] Date: _____