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: Rozina Father's Name: Mohammed G. Father's Name: Yimam
Date of Birth: 07/04/01 Place of Birth: Kombolcha Passport Number: EQ2500050 Gender: F
Address: - Region: Amhara City: Wollo Sub City: Kombolcha Woreda: 10 Kebele: 10 H. No.: -
Occupation: Housemaid Marital Status: Single Labor ID Number: EF11344028
Contact Person in case of Emergency: Name Fuad Tadese Telephone: 09-2541-06-63

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805944
Destination Country: Kuwait 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.	Shibere Kasahun	Mom	50%	wollo/0923842243
ii.	Zehara Kasahun	Aunt	50%	wollo/0969429378
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Rozina Mohammed Signature: _____ Date: 09/07/17