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:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Mekdes Father's Name: Belay G. Father's Name: Hailu

Date of Birth: 14-Dec-97 Place of Birth: Ejere Passport Number: EP6427164 Gender: Female

Address: - Region: Oromia City: Ejere Sub City: Woreda: 1ume Kebele: 01 H. No.:

Occupation: House maid Marital Status: single Labor ID Number: -

Contact Person in case of Emergency: Name Kokebe Ashne Telephone: 0909702546

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
		Mother	100 %	0909702546
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: