ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626567, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12764, 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: Meyrema Father's Name: Jemal G. Father's Name: Weyiso

Date of Birth: 05-Mar-91 Place of Birth: Arsi Passport Number: EP6467112 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: _____ Woreda: Tijo Kebele: 02 H. No.: _____

Occupation: House maid Marital Status: ~~Married~~ Divorced Labor ID Number: EF10410792

Contact Person in case of Emergency: Name Abdurehman Jemal Telephone: 0955410390

2. **Particulars of The Travel**

Agency Name: Alcaba 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.	_____	Brother	100 %	0955410390
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:** _____