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: Meskerem Father's Name: Adema G. Father's Name: ALAmba

Date of Birth: 13-Feb-96 Place of Birth: Wolaitta Passport Number: EP3022658 Gender: Female

Address: - Region: C.Ethio City: C.Eth. Sub City: Sodo Woreda: Bombe Kebele: Mala Bawalima H. No.: new

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10598519

Contact Person in case of Emergency: Name Mesay Adema Telephone: 09-27-27-36-00

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nway Telephone: 09-12-80-93-94

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.	Mesay Adema	Brother	100%	Hawassa/09-27-27-36-00
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 90 56 011 562 02 62

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

Name of Life Assured: _____ **Signature:** _____ **Date:** _____