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**Nyala Insurance S.C**

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Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: nisco@nyalainsurance.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Grizealat Father's Name: Ashaq<sup>rie</sup> G. Father's Name: Belay

Date of Birth: 03 Feb 99 Place of Birth: East Gojam Passport Number: FR 1294255 Gender: F

Address: - Region: A.A City: — Sub City: Nifas Silk-Tabo Woreda: 10 Kebele: — H. No.: —

Occupation: Housemaid Marital Status: S Labor ID Number: ~~XXXX~~

Contact Person in case of Emergency: Name Honelet Ashagre Telephone: 0910538 948

### 2. Particulars of The Travel

Agency Name: AlCarba Agency Contact Name: — Telephone: —

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>Ashaqrie Belay</u>	<u>Father</u>	<u>100x</u>	<u>East gojam / 0910211501</u>
ii.	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
iii.	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
iv.	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
v.	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
vi.	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
vii.	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Grizealat Signature: — Date: —