

1. Particulars of the Life Assured:



## ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626766 Protection House, Miky Leland Street P.O. Box: 12753, Addis Ababa, Ethiopia e-mail: nisco @nyalainsurancesc.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

As printed in the passport     Name:	Title: Mr./Ms./Mrs.				
Name: Father's Name: Yadeta G. Father's Name: Ajama  Date of Birth: 12-Dee-95 Place of Birth: Selea Passport Number: EPT 66180 Gender: Few of Address: - Region: A.A. City: A.A. Sub City: Yeka Woreda: 11 Kebele: H. No.:  Occupation: Housemaid Marital Status: Mayned Labor ID Number:  Contact Person in case of Emergency: Name Genetha Telephone: 0921962832  2. Particulars of The Travel  Agency Name: Albaha Agency Contact Name: Telephone:  Destination Country: Duba: 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. Husbaha 100% - 0921962832  ii. iii. iii. iv. v. vi. vi. vii. Total 100% -	(As printed in the passport)				
Address: - Region: A-A, City: A-A Sub City: Yeko Woreda: 11 Kebele: H. No.:  Occupation: House maid Marital Status: Marved Labor ID Number:  Contact Person in case of Emergency: Name General Status: Telephone: 921962832  2. Particulars of The Travel  Agency Name: Allowa Agency Contact Name: Telephone: Destination Country: 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. Husband 100% 0921\$62832  ii. iii. iv. v. vi. vi. Total 100% -	Name: Koist	Father's Name: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ed Co. G. Father's	Name: Ajama	
Occupation: Housemand Marital Status: Married Labor ID Number:  Contact Person in case of Emergency: Name Genethal Telephone: agency Rame:  Agency Name: Albaha Agency Contact Name: Telephone:  Destination Country: Duban 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. Husband 100 7 0921\$62\$32  ii. iii. iv. v.  vi. vii. Total 100%  Please attached copy of Passport and Kebele ID to this form.	Date of Birth: 12-Dee-95 Place	of Birth: Selca Passpo	ort Number: EP7	66180 Gender: Femal	
Contact Person in case of Emergency: Name General Telephone: 9921962832  2. Particulars of The Travel  Agency Name: Allowa Agency Contact Name: Telephone:	Address: - Region: A.A. City:	A.A. Sub City: Yeka	Woreda: Kebe	ele:H. No.:	
Agency Name: A Leadon Agency Contact Name: Telephone:  Destination Country: 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. Husband (DD > 0921\$62832  ii. iii. iv. v. vi. vii. Total 100%  Please attached copy of Passport and Kebele ID to this form.	Occupation: Housemaid	Marital Status: Marn	ed Labor ID Nu	mber:	
Agency Name: A Leadon Agency Contact Name: Telephone:  Destination Country: 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. Husband (DD > 0921\$62832  ii. iii. iv. v. vi. vii. Total 100%  Please attached copy of Passport and Kebele ID to this form.	Contact Person in case of Emergency:	Name Geneehu	Telephone: 092	1962832	
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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	Destination Country: Oub	Departure (Effective)	Date:	MATERIAL MEMBER TAN	
Full Name   Relationship   Percentage Share   Address/Telephone	3. Beneficiary Information			AND HEE WHO WAS	
Full Name Relationship Percentage Share Address/Telephone  i.	I hereby assignee the policy benefits to	the flowing beneficiaries. Policy	benefit payments are s	subject required claim	
i. this band 100% 0921862832 ii. iii. iv. v. vi. Vi. Please attached copy of Passport and Kebele ID to this form.	documents, court order and liquidation	report attested by the court.			
ii. iii. iv. v. vi. vii.  Total 100%	Full Name	Relationship	Percentage Share	Address/Telephone	
iii. iv. v. vi. vii.  Total 100%  Please attached copy of Passport and Kebele ID to this form.	i	Hus band	000 %	0921862832	
iv.  v.  vi.  vii.  Total 100%  Please attached copy of Passport and Kebele ID to this form.				**	
vi. vii.  Total 100%  Please attached copy of Passport and Kebele ID to this form.			I IS VOIGNES		
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Please attached copy of Passport and Kebele ID to this form.				neutral variety revolute	
Please attached copy of Passport and Kebele ID to this form.	vii.		Total	100%	
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Name of Life Assured: Signature: Date:		covic in to this form.			
	Name of Life Assured:	Signature:	Date:		