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Nyala Insurance S.C

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Protection House, Miky Leland Street

P.O. Box: 12753, Addis Ababa, Ethiopia

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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tigist Father's Name: Ayele G. Father's Name: Dula
Date of Birth: 28-may-94 Place of Birth: sheno Passport Number: EQ 1000947 Gender: Female
Address: - Region: Oromia City: Sheno Sub City: _____ Woreda: _____ Kebele: oda H. No.: _____
Occupation: House maid Marital Status: Maid Labor ID Number: EF10573 572
Contact Person in case of Emergency: Name Melaku Bekele Telephone: 0906629131

2. Particulars of The Travel

Agency Name: Alkaba 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.	_____	<u>Husband</u>	<u>100%</u>	<u>0906629131</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: _____ Signature: [Signature] Date: _____