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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@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: Etmolagn Father's Name: Wogderes G. Father's Name: Niguse

Date of Birth: 24-Jan-86 Place of Birth: Shoa Passport Number: EP 7697221 Gender: Female

Address: - Region: Amhara City: Enawia Sub City: Woreda: Kebele: H. No.:

Occupation: House maid Marital Status: Single Labor ID Number: EF1060475

Contact Person in case of Emergency: Name Awke wogderes Telephone: 0919507443

2. Particulars of The Travel

Agency Name: Alkaba 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.		<u>Brother</u>	<u>100%</u>	<u>0919507443</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

Please attached copy of Passport and Kebele ID to this form. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

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