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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

### Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Makda Father's Name: Bereso G. Father's Name: Burka  
Date of Birth: 10-Dec-86 Place of Birth: Arsi Passport Number: E01912698 Gender: Female  
Address: - Region: A.A. City: A.A. Sub City: Arada Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_  
Occupation: House maid Marital Status: married Labor ID Number: \_\_\_\_\_  
Contact Person in case of Emergency: Name Yosef mekonen Telephone: 0960658945

### Particulars of The Travel

Agency Name: Alkab Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Destination Country: Dubai Departure (Effective) Date: \_\_\_\_\_

### 3. Beneficiary Information

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>0960658945</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: \_\_\_\_\_ Date: \_\_\_\_\_