ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
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: Tsige Father's Name: alemu G. Father's Name: Negese

Date of Birth: 11-Oct-90 Place of Birth: Gnoa Passport Number: EP8570169 Gender: female

Address: - Region: Amhara City: Debrebirhan Sub City: Debrebirhan Woreda: Ched Kebele: - H. No.: _____

Occupation: Housemaid Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Kasahun teshome Telephone: 09-26-62-50-08

2. Particulars of The Travel

Agency Name: Adeyageney Agency Contact Name: Neway Telephone: 0912805194

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.	fantu alemu	Sister	50%	Oromiya/0936564307
ii.	Kasahun teshome	husband	50%	Oromiya/0926625085
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Tsige Alemu **Signature:** _____ **Date:** 04-NOV-24