



ኒላ አ. ሃ. ሪ. ሪ. ስ. አ. ማ

Nyala Insurance S.C

Tel: 251-116-62667, Fax: 251-116-62670
Protection House, Miky Leland Street
P.O. Box: 12751, Addis Ababa, Ethiopia
e-mail: niso@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: Abay Father's Name: Alemu G. Father's Name: Dinku

Date of Birth: 21-04-86 Place of Birth: Adesa Passport Number: EG1176832 Gender: Female

Address: - Region: Oromia City: Bishof Sub City: Duka Woreda: melka Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Melkesa Abera Telephone: 0908779321

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>0908779321</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: _____