



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: Kenziya Father's Name: Wussen G. Father's Name: Mohammed

Date of Birth: 11-Nov-89 Place of Birth: Endbir Passport Number: EP7688084 Gender: _____

Address: - Region: Addis City: A.A. Sub City: Addis Ketema Woreda: 02 Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Aysha mohammed Telephone: 0938992040

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>Mother</u>	<u>100%</u>	<u>0938992040</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: _____