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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Getse Father's Name: Denbeto G. Father's Name: Delore

Date of Birth: 17-JUN-85 Place of Birth: Shechana Roma Passport Number: EQ1376209 Gender: Female

Address: - Region: Central City: Hosana Sub City: \_\_\_\_\_ Woreda: hadiya Kebele: \_\_\_\_\_ II. No.: \_\_\_\_\_

Occupation: House maid Marital Status: Single Labor ID Number: 9

Contact Person in case of Emergency: Name Iema Denbeto Telephone: 0925839303

### 2. Particulars of The Travel

Agency Name: Aikaba 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>Iema Denbeto</u>	<u>Brother</u>	<u>100 %</u>	<u>0925839303</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: [Signature] Date: \_\_\_\_\_