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: Mihret Father's Name: Adise G. Father's Name: Shamebo

Date of Birth: 19-Dec-89 Place of Birth: Bezena Bera Passport Number: EQ2839127 Gender: female

Address: - Region: C/Ethio City: Kamekhta Sub City: Durame Woreda: ____ Kebele: Zero H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: EF1130 9872

Contact Person in case of Emergency: Name Tamirat Adise Telephone: 09-89-31-13-19

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912801594

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.	Adise Shamebo	Father	100%	0939791800
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

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

Name of Life Assured: Mihret Adise **Signature:** [signature] **Date:** 27- June - 25