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: laked Father's Name: Nigatu G. Father's Name: degefu

Date of Birth: 02-feb-87 Place of Birth: Shoa Passport Number: E· Gender: FEMALE

Address: - Region: Amhara City: _____ Sub City: N/Shoa Woreda: Hagere mariamna Kebele: kesem H. No.: _____

Occupation: House maid Marital Status: M Labor ID Number: EFBMH50378

Contact Person in case of Emergency: Name Kifle demeke Telephone: 0910725126

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: UAE 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.	Kifle demeke	Husband	100%	0910725126
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: laked **Signature:** _____ **Date:** 17/6/2015