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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)			- 22
	ather's Name:		
Date of Birth: 11-Sep 93 Place of I	Birth: Fjere Passpo	ort Number: <u>FP806</u>	7488 Gender: Send
Address: - Region: Trang City: E	<u>fere</u> Sub City: <u>Ejer</u> e	Woreda: Shoo Kebel	e: H. No.:
Occupation: House maid N			
Contact Person in case of Emergency: Na	me Taye Tamou	Telephone: 6941	835323
2. Particulars of The Travel			
Agency Name: Adey Agency Destination Country: UAE			
3. Beneficiary Information			
I hereby assignee the policy benefits to the documents, court order and liquidation re		y benefit payments are si	ubject required claim
Full Name	Relationship	Percentage Share	Address/Telephone
i. Taye Vann	Brother	6001-	099/835328
ii			
iii		/	N64/63/00 5 11
iv.			(A. J.)
V			99 125 96 45 3
vi			115626 S
vii		Total	100%
Please attached copy of Passport and Ke			
Flease attached copy of 1 assport und 120	bele ID to this form.		