ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626867, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12733, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: Mestu Father's Name: Mezemur G. Father's Name: Damit

Date of Birth: 27-mar-98 Place of Birth: East shoa Passport Number: EQ 2480308 Gender: Female

Address: - Region: oromia City: Liben chekola Sub City: _____ Woreda: _____ Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF1112457

Contact Person in case of Emergency: Name Bahru Mezemur Telephone: 0933525900

Particulars of The Travel

Agency Name: Alkaba. Agency Contact Name: _____ Telephone: _____

Destination Country: Dubai Departure (Effective) Date: _____

Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim payments; court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
I.		Brother	100 %	0933525900
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: _____