



## 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

Title: Mr./Ms./Mrs.  (As printed in the passport)  Name: Zinet			
(As printed in the passport) Name: Zinet			
Name: Zinet			^1
	ather's Name:	Seid G. Father	's Name: Ali
Date of Birth: 20 Oct 87 Place of B			
Address: - Region: Ambara City: SW	allo_Sub City: S Wol	o Woreda: Hayk Keb	ele:II. No.:
Occupation: housemaid M	farital Status: Mayr	Labor ID N	umber:
Contact Person in case of Emergency: Nan	ne	Telephone: 09.511	31196
2. Particulars of The Travel			
Agency Name: M Y AGENCY	Agency Contact Na	me: Merima ALI Telep	hone: <u>0901116677</u>
Destination Country:	Departure (Effective)	Date:	
3. Beneficiary Information			
I hereby assignee the policy benefits to the documents, court order and liquidation repo		icy benefit payments are s	subject required claim
Full Name		Percentage Share	Address/Telephone
	Relationship		Address/Telephone
i. Mohammed Seid	Son		
ii			
iii	-	0.00 U70	
iv.		17 31/PM/PS	
v	1/24		
vi		201 11 66 77	
vii.	The state of the s	15 4	
		Emplos Total	100%
Please attached copy of Passport and Kebele	ID to this form.		
- 12 ditabled copy of t appoint and theorie			