ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626766
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: Dureti Father's Name: Kasim G. Father's Name: Seru

Date of Birth: 12-Jun-83 Place of Birth: Arsi Passport Number: EP6430744 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: _____ Woreda: Tijo Kebele: Bucha H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EFFQU98454

Contact Person in case of Emergency: Name Abdurehman Adisho Telephone: 0931435303

2. Particulars of The Travel

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

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.	Abdurehman Adisho	Husband	100 %	0931435303
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: _____