ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626567, 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

Particulars of the Life Assured:

(i.e. Mr./Ms./Mrs.
(printed in the passport)

Name: Tizta Father's Name: Belayhun G. Father's Name: Mamoye

Date of Birth: 26-Jun-87 Place of Birth: Shoa Passport Number: EP8684526 Gender: Female

Address: - Region: Oromia City: Shago Sub City: Koye Woreda: Wodessa Kebele: H. No.:

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

Contact Person in case of Emergency: Name Daniel Tsegaye Telephone: 0920034741

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 documents, court order and liquidation report attested by the court.

Full Name	Relationship	Percentage Share	Address/Telephone
	ቤ cousin	100 %	0920034741
		Total	100%

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

Name of Life Assured: Signature: Date: