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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Mekdes Father's Name: Tesfaye G. Father's Name: Degese

Date of Birth: 20-May-94 Place of Birth: Wolisso Passport Number: EQ2513416 Gender: Female

Address: - Region: Oromia City: Wolisso Sub City: Wolisso Woreda: 01 Kebele: Kube Dedisa H. No.: New

Occupation: ~~Housemaid~~ Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Asefa Tesfaye Telephone: 0943091720

2. Particulars of The Travel

Agency Name: ~~Adey Agency~~ Agency Contact Name: Noway Telephone: 0912805194

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.	Asefa Tesfaye	Brother	100%	0943091720
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Mekdes Tesfaye Signature: ~~Mekdes~~ Date: 19- June-25