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Nyala Insurance S.C

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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: Hiwot Father's Name: Tesfaye G. Father's Name: Taddese

Date of Birth: 27-Nov-86 Place of Birth: Arsi Passport Number: EP7955946 Gender: Female

Address: - Region: A.A. City: A.A. Sub City: Yeka Woreda: 09 Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Kohannis Bacha Telephone: 0930655062
0913056812

2. Particulars of The Travel

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

Destination Country: Duba 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.	<u>Kohannis Bacha</u>	<u>Husband</u>	<u>100%</u>	<u>0913056812</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
		Total		100%

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

Name of Life Assured: _____ Signature: [Signature] Date: _____