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: ሲፎዬ Father's Name: ገመዳ G. Father's Name: [illegible]

Date of Birth: 22 JAN 98 Place of Birth: KOFELE Passport Number: EP 7805793 Gender: ሴት

Address: - Region: ኦሮሚያ City: ____ Sub City: KOFELE Woreda: ____ Kebele: ____ H. No.: ____

Occupation: የቤት ሰራተኛ Marital Status: [illegible] Labor ID Number: EFURE16554

Contact Person in case of Emergency: Name ሙሀመድ ሁሴን Telephone: 0914899301

2. Particulars of The Travel

Agency Name: አልካባ Agency Contact Name: [illegible] Telephone: ____

Destination Country: [illegible] 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.	ሙሀመድ ሁሴን	[illegible]	100%	0914899301 ~~0914909089~~
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

Al Kaba Foreign Employment Agent 0911284737

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

Name of Life Assured: ሲፎዬ ገመዳ **Signature:** [signature] **Date:** ____