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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: Rediet Father's Name: Bizuneh G. Father's Name: Tessema

Date of Birth: 30-Nov-85 Place of Birth: A.A. Passport Number: EP6553548 Gender: Female

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

Occupation: House maid Marital Status: Divorced Labor ID Number: EF11093424

Contact Person in case of Emergency: Name Aster Bizuneh Telephone: 0923985247

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: UAE 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>Aster Bizuneh</u>	<u>Aunt</u>	<u>100%</u>	<u>0923985247</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

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