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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: TEWABECH Father's Name: KIBRU G. Father's Name: WOLDEMARIAM

Date of Birth: 11 SEP 89 Place of Birth: SOKORU Passport Number: EP8646323 Gender: F

Address: - Region: AIA City: _____ Sub City: YEKA Woreda: 7 Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: DIVORCE Labor ID Number: _____

Contact Person in case of Emergency: Name ~~WOLDEABACH~~ Telephone: 0973979419

ANDARGACHEW
KENFU

2. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: _____ Telephone: _____

Destination Country: QATAR 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.	ANDARGACHEW	<u>BROTHER</u>		<u>2001</u>
ii.	<u>KENFU</u>			
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

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