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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: Eyerus Father's Name: Worku G. Father's Name: Toidesse

Date of Birth: 10-Feb-89 Place of Birth: Addis Ababa Passport Number: EP8217630 Gender: Female

Address: - Region: A.A. City: A.A. Sub City: _____ Woreda: _____ Kebele: Leg 1/68 H. No.: _____

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

Contact Person in case of Emergency: Name Tenaye Reta Telephone: 0929016534

2. Particulars of The Travel

Agency Name: Alkeba 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>Tenaye Reta</u>	<u>Mother</u>	<u>100%</u>	<u>0929016534</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: Eyerus Date: _____