ጎዳና አ.ማስ ፕሮ.ማስ አ.ግ
Nyala Insurance S.C
Tel: 251-116-621557, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12755, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. **Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: BEYENU Father's Name: DEJENU G. Father's Name: KORJI

Date of Birth: 13 JUN 99 Place of Birth: LIBEN CHOKALA Passport Number: EP 6598314 Gender: F

Address: - Region: OROMIA City: Sub City: ILSHOA Woreda: CHOKALA. Kebele: H. No.:

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number:

Contact Person in case of Emergency: Name DEREJE KORJI Telephone: 0912228550.

2. **Particulars of The Travel**

Agency Name: AIKABA Agency Contact Name: NAWAL Telephone: 0978696969

Destination Country: U.A.E 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.	DEREJE KORJI	UNCLE	100%	
ii.				
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: Bayanur Dejene Signature: Date: 09/06/23