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: Fatuma Father's Name: Amano G. Father's Name: Remeto

Date of Birth: 20-Jan-86 Place of Birth: Tite Passport Number: EQ2426331 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: 80 Kebele: Negesegewe New H. No.: —

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

Contact Person in case of Emergency: Name Taha Huseen Telephone: 0920299224

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912805194

Destination Country: Dubai 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.	Taha Husen	Husband	100%	0920299224
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

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

Name of Life Assured: Fatuma Amano **Signature:** Fatuma **Date:** 28-Apr-25