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: Senait Father's Name: kebede G. Father's Name: Yimer

Date of Birth: 30-Nov-92 Place of Birth: Merabite Passport Number: EQ2448339 Gender: Fenale

Address: - Region: Amhara City: Yealew Sub City: _____ Woreda: ____ Kebele: 02 H. No.: _____

Occupation: House maid Marital Status: Divorced Labor ID Number: EF11107024

Contact Person in case of Emergency: Name Gomeju Debebe Telephone: 0925250817

2. **Particulars of The Travel**

Agency Name: Alkaba Agency Contact Name: Nejma Telephone: 0972302010

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.	Gomeju Debebe	Mother	100 %	0928250817
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Senait Kebede Signature: _____ Date: 17-Jun-25