ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626765
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

I. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: Dibe Father's Name: fekede G. Father's Name: Rikitu

Date of Birth: 11-Sep-92 Place of Birth: Bilo Passport Number: EQ1908037 Gender: female

Address: - Region: Oromia City: ~~Kebba~~ Merab Hagega Sub City: Gudeybela Woreda: 01 Kebele: 01 H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name Mulugeta Telephone: 0953042618

II. Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0472302010

Destination Country: UAE Departure (Effective) Date:

III. 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.	Beletu Babiro	Mother	100% -	0984186096
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Dibe Signature: [signature] Date: 25-Feb-25