ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-62[illegible]67, Fax: 251-116-62[illegible]
Protection House, Miky Leland Street
P.O Box: 1275, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Mr./Ms./Mrs.
(as written in the passport)

Name: Aberash Father's Name: Feye G. Father's Name: Negese

Date of Birth: 12-Sep-91 Place of Birth: Hateta Passport Number: EP 7[illegible] 97720 Gender: Female

Address: - Region: A.A. City: A.A Sub City: N/sik Woreda: 11 Kebele: H. No.:

Occupation: House maid Marital Status: Merried Labor ID Number:

Contact Person in case of Emergency: Name Fetale legese Telephone: 0937668270

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 28-Nov-24

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
Fetale legese	sister	100%	0937668270
		Total	100%.

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

Name of Life Assured: Aberash Signature: [signature] Date: 28-Nov-24