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

**Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Beteha Father's Name: Abebe G. Father's Name: Tebabal

Date of Birth: 11-Sep-96 Place of Birth: Hamusit Passport Number: EQ1919197 Gender: Female

Address: - Region: Amhara City: Gonder Sub City: Dambiya Woreda: Kolod Ber Kebele: 02 H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF10860372

Contact Person in case of Emergency: Name _____ Telephone: _____

**Particulars of The Travel**

Agency Name: Alfaba Agency Contact Name: Nejwa Telephone: _____

Destination Country: Dubai Departure (Effective) Date: _____

**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. | Abebe Tababal | Father | 100% | 0943381689 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| | | | Total | 100% |

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

Name of Life Assured: Beteha Abebe Signature: _____ Date: 3-Mar-25