



ኒላ 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: EMEBET Father's Name: MOHAMMED G. Father's Name: ENDIRE

Date of Birth: 01 JAN 83 Place of Birth: ALA Passport Number: EP8991344 Gender: F

Address: - Region: ALA City: _____ Sub City: KIRKOS Woreda: 02 Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: DIVORCED Labor ID Number: _____

Contact Person in case of Emergency: Name ASHENAFI MOHAMMED Telephone: 0911369293

2. Particulars of The Travel

Agency Name: ALIKABA Agency Contact Name: _____ Telephone: _____

Destination Country: U.A.E. 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.	<u>ASHENAFI MOHAMMED</u>	<u>BROTHER</u>	_____	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Emebet Mohammed Signature: [Signature] Date: 08/05/25