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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: Zelika Father's Name: Abdela G. Father's Name: Kewo

Date of Birth: 11-Nov-94 Place of Birth: iteya Passport Number: E62074933 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: iteya Kebele: Dera H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: -

Contact Person in case of Emergency: Name Teylan ferancho Telephone: 0954254412

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: rowan Telephone: 09128

Destination Country: UAE 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>Teylan ferancho</u>	<u>Husband</u>	<u>100%</u>	<u>0954254412</u>
ii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iv.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
v.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vi.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
			Total	100%

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

Name of Life Assured: Zelika Abdela Signature: Zelika Date: 14-Apr-25