ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626704
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.

(printed in the passport)

LAMROT Father's Name: MANDAGNEWU G. Father's Name: REGASA.

Date of Birth: 07 DEC 99 Place of Birth: DIKSIS Passport Number: EP6473366 Gender: F

Address: - Region: OROMIA City: Sub City: ARSI Woreda: DIKSIS Kebele: H. No.:

Occupation: HOUSEMAID. Marital Status: SINGLE Labor ID Number: EF10705518.

Contact Person in case of Emergency: Name HIWOT MEKONNEN Telephone: 0910243392.

Particulars of The Travel

Agency Name: AIKAIBA. Agency Contact Name: Telephone:

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
HIWOT MEKONNEN	MOTHER.		100%
		Total	100%

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

Name of Life Assured: lamrot Signature: Date: 04/04/25.