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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: Robda Father's Name: Seyefu G. Father's Name: Kedir

Date of Birth: 17-Jul-95 Place of Birth: Dikis Passport Number: EP9466827 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Dikis<sup>en</sup> Kebele: Gesele H. No.: new

Occupation: House maid Marital Status: Single Labor ID Number: EF11103537

Contact Person in case of Emergency: Name Okasha Jundi Telephone: 0928167006

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912805194

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>Alkrem sefu</u>	<u>Brother</u>	<u>100 %</u>	<u>0903 306245</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>



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

Name of Life Assured: Robda Seyefu Signature: [Signature] Date: 7-Apr-25