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

1. **Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Melkam Father's Name: Wondmeneh G. Father's Name: Abebe

Date of Birth: 30-Jun-91 Place of Birth: Gojjam Passport Number: EQ1282893 Gender: Female

Address: - Region: Amhara City: Gojam Sub City: Gojam Woreda: ~~Not~~ Sefi Kebele: _____ H. No.: 336

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

Contact Person in case of Emergency: Name Abere Tilham Abebe Telephone: 0912840226

2. **Particulars of The Travel**

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0923302010

Destination Country: Dubai 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.	Daghachew Mulalegn	Husband	100%	0925979916
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Melkam Signature: _____ Date: 10-feb-25