ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-625667, 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.

(printed in the passport)

Name: Temima Father's Name: Nasir G. Father's Name: Kedir

Date of Birth: 11-MAR-88 Place of Birth: Dengawor Passport Number: EP8437501 Gender: Femal

Address: - Region: ~~AA~~ Central City: Warabe Sub City: Woreda: Lera Kebele: H. No.:

Occupation: House maid Marital Status: Merried Labor ID Number:

Contact Person in case of Emergency: Name Muktar Amin Telephone: 0947950389

2. **Particulars of The Travel**

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 28-Nov-24

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.	Muktar Amin	husband	100%	0947950389
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Temima Signature: [signature] Date: 28-Nov-24