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Nyala Insurance S.C

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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: Aster Father's Name: Eshetu G. Father's Name: Woldetsadik

Date of Birth: 8-Jan-88 Place of Birth: Godino Passport Number: EG1142919 Gender: Female

Address: - Region: Dromig City: Hawasa Sub City: Sidamo Woreda: 01 Kebele: Eliladilfiya H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10677659

Contact Person in case of Emergency: Name Fanto Sibsa Telephone: 0923836260

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

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>Fanto Sibsa</u>	<u>Mother</u>	<u>50%</u>	<u>Godino/0923836260</u>
ii.	<u>Tesfay Melaku</u>	<u>Son</u>	<u>50%</u>	<u>Godino/0972296708</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Aster Eshetu

Signature: [Signature]

Date: 28-4-25