ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626700
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:

(i.e. Mr./Ms./Mrs.
as printed in the passport)

Name: Sara Father's Name: Getaneh G. Father's Name: Dagne

Date of Birth: 11-Sep-88 Place of Birth: Jiru Passport Number: EP9037228 Gender: Female

Address: - Region: A.A. City: A.A. Sub City: lemi Woreda: 06 Kebele: H. No.:

Occupation: House maid *Marital* Status: Married Labor ID Number: EF10527400

Contact Person in case of Emergency: Name Telephone:

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 097230201o

Destination Country: Dubai Departure (Effective) Date:

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
Gebretsadk	Brother	100%	0941142329
		Total	100%

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

Name of Life Assured: Sara Signature: [signature] Date: 21-Feb-25