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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: Mihret Father's Name: Kifle G. Father's Name: Wolde

Date of Birth: 23-May-85 Place of Birth: Amarate Passport Number: EQ1977166 Gender: Female

Address: - Region: A-A City: Kolfe Sub City: Kolfe Woreda: 04 Kebele: New H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF11417757

Contact Person in case of Emergency: Name Melac Bebe Telephone: 0949 01 8904

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912805124

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.	<u>Tsehainesh Mwat</u>	<u>Mother</u>	<u>100%</u>	<u>09131610649</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Mihret Kifle Signature: [Signature] Date: 28-Jul-25