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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: Wudeneshi Father's Name: Keyru G. Father's Name: Jemalk

Date of Birth: 9-Dec-96 Place of Birth: Gurage Passport Number: EP6869745 Gender: Female

Address: - Region: C-Ethio City: Gurage Sub City: GurageZon Woreda: Hesoa Kebele: Hesken Bamo H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: EFI0643 60

Contact Person in case of Emergency: Name Shamel Mohamed Telephone: 0961203412

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nowray Telephone: 0912805 94

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.	Shamel Mohammed	Spouse	100%	0961203412
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	**100%**	

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

Name of Life Assured: Wudeneshi Keyru **Signature:** _____ **Date:** 19-May-25