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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: Lyu Father's Name: Tamru G. Father's Name: Sisay

Date of Birth: 16-Sep-92 Place of Birth: Shewa Passport Number: EQ 1043618 Gender: Female

Address: - Region: Oromia City: Dizeft Sub City: Darbi 2 Woreda: _____ Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Shibru Bati Telephone: 0913 20 03 47

2. Particulars of The Travel

Agency Name: Aikaba Agency Contact Name: Nejwa Telephone: 0912302010

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>Shibru Bati</u>	<u>husband</u>	<u>100%</u>	<u>0913 200347</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Lyu Tamru Signature: [Signature] Date: 8-Jan-25