ኒያላ ኢንሹራንስ አ.ማ
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: Zem Zem Father's Name: Edisa G. Father's Name: Bobase

Date of Birth: 11-Sep-93 Place of Birth: Gololcha Passport Number: EP9139695 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: — Kebele: — H. No.: —

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

Contact Person in case of Emergency: Name: Abdul Rahaman Telephone: 0901729985

2. **Particulars of The Travel**

Agency Name: Al- Kaba Agency Contact Name: Nejwa Telephone: 0972302070

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. | Edisa Bobasa | Father | 100% | 0910759904 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | Total | 100% |

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

Name of Life Assured: Zem Zem Signature: _____ Date: 13-Feb-25