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: Jemu Father's Name: Shumi G. Father's Name: Tasew

Date of Birth: 21-Dec-97 Place of Birth: Arsi Passport Number: EP8843132 Gender: Female

Address: - Region: Oromia City: Dera Sub City: _____ Woreda: Dodota Kebele: Iode H. No.: _____

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

Contact Person in case of Emergency: Name Fekadu Shumi Telephone: 0964366526

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 11-Dec-24

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.	Fikadu Shumi	Brother	100%	0964366526
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	**100%**	

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

Name of Life Assured: Jemu Shumi **Signature:** Jemu **Date:** 11-Dec-24