



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: Kemila Father's Name: Wusen G. Father's Name: Kebede
Date of Birth: 17-feb-87 Place of Birth: Wollo Passport Number: EP8428386 Gender: female
Address: - Region: Amhara City: Wollo Sub City: Waraqela Woreda: - Kebele: - H. No.: -
Occupation: Housemaid Marital Status: Married Labor ID Number: -
Contact Person in case of Emergency: Name Danad Enidru Telephone: 0943475043

2. Particulars of The Travel

Agency Name: Al-kaba Agency Contact Name: Nejwa Telephone: 0972302010
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.	<u>Kedija Enam</u>	<u>Father</u>	<u>100%</u>	<u>0904240410</u>
ii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iv.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
v.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vi.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
			Total	100%

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

Name of Life Assured: Kemila Signature: Wusen Date: 17-Dec-24