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: BETHELHEM Father's Name: DAGNAW G. Father's Name: BOGALE
Date of Birth: 19-OCT-97 Place of Birth: GONDER Passport Number: EP6382669 Gender: FEMALE
Address: - Region: A.A City: _____ Sub City: ARADA Woreda: 07 Kebele: _____ H. No.: _____
Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: _____
Contact Person in case of Emergency: Name NATINAEL DAGNAW Telephone: 09-42-37-53-99

2. **Particulars of The Travel**

Agency Name: AL KABA Agency Contact Name: _____ Telephone: _____
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.	NATINAEL DAGNAW	BROTHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Bethelhem Dagnaw Signature: _____ Date: 16-05-2025