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: NESRIYA Father's Name: MUSTEFA G. Father's Name: EGENO.

Date of Birth: 11 SEP 92 Place of Birth: ENSENO Passport Number: EP7086070 Gender: F

Address: - Region: CIE City: _____ Sub City: MESKAL MESKEL Woreda: ANSENA Kebele: 02 H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED. Labor ID Number: _____

Contact Person in case of Emergency: Name KEMAL MUDE Telephone: 0926447771,

2. **Particulars of The Travel**

Agency Name: ALCABN. Agency Contact Name: NAWAL Telephone: 0975696969

Destination Country: U.A.E 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.	KEMAL MUDE	HUSBAND		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ናርኤስ ዑስማኔ Signature: [signature] Date: 12/06/25