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Nyala Insurance S.C

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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: Amirya Father's Name: Nuredin G. Father's Name: Shifa

Date of Birth: 17-Dec-00 Place of Birth: Sitte Passport Number: EP6650929 Gender: Female

Address: - Region: C-Ethio City: Sitte Sub City: Sitte Woreda: Alch Kebele: Tenje H. No.: --

Occupation: Housemaid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name Nuredin Shifa Telephone: 09 33 85 0891

2. Particulars of The Travel

Agency Name: Adex Agency Agency Contact Name: Norway Telephone: 0912805194

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>Nuredin Shifa</u>	<u>Father</u>	<u>100%</u>	<u>09 33 85 0891</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: Amirya Nuredin Signature: [Signature] Date: 14-Apr-25