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: Sinkinesh Father's Name: Derbe G. Father's Name: Kebed

Date of Birth: 18-Dec-91 Place of Birth: Sire Passport Number: EP8581785 Gender: female

Address: - Region: Oromia City: Nazret Sub City: Sire Woreda: — Kebele: — H. No.: —

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Endala Hailu Telephone: 0943239920

2. **Particulars of The Travel**

Agency Name: Al- Reaba Agency Contact Name: Nejwa Telephone: 0972302070

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.	Endala Hailu	Husband	100 %	0944239920
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Sinkinesh **Signature:** _____ **Date:** 19-Dec-24