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: Meskerem Father's Name: Asefa G. Father's Name: Higi

Date of Birth: 26-Jul-95 Place of Birth: Teji Passport Number: EP8993816 Gender: Female

Address: - Region: Oromia City: Tej Sub City: Teji Woreda: Teji Kebele: — H. No.: —

Occupation: Housemaid Marital Status: Married Labor ID Number: EF1046030 3

Contact Person in case of Emergency: Name Asefa Telephone: 0923129894

2. **Particulars of The Travel**

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972302016

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.	Asefa Higi	father	lovi r	0923129894
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Meskerem **Signature:** _____ **Date:** 5-Feb-25