ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626766
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nlsco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Mr./Ms./Mrs.

(Printed in the passport)

Name: Rakeb Father's Name: Asefa G. Father's Name: Desta

Date of Birth: 29-May-86 Place of Birth: Fiche Passport Number: EP9041965 Gender: female

Address: - Region: A - A City: Gulele Sub City: Gulale Woreda: 4 Kebele: – H. No.: 649-16

Occupation: Housemaid Marital Status: Married Labor ID Number:

Contact Person in case of Emergency: Name Resefesteshi Telephone: 0913619249

Particulars of The Travel

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

Destination Country: Dubai Departure (Effective) Date:

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
Tafem Asefa	Mother	100%	0961484940/ 0910107611 6
		Total	100%

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

Name of Life Assured: Rakeb Signature: Date: 25-Feb-25