ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626687, 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: Reta Father's Name: Abreham G. Father's Name: Dana

Date of Birth: 11-Sep-81 Place of Birth: Shoa Passport Number: EP8544851 Gender: Female

Address: - Region: A-A City: Kolf Sub City: Kolef Keran Woreda: 08 Kebele: Kirkos H. No.: 1742

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10334884

Contact Person in case of Emergency: Name Reem Metalenya Telephone: 0945279232

2. **Particulars of The Travel**

Agency Name: AL-Kaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai 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. | Abera Beyen | Brother | 100% | 0913148184 |
| II. | | | | |
| III. | | | | |
| IV. | | | | |
| V. | | | | |
| VI. | | | | |
| VII. | | | | |
| | | | **Total** | **100%** |

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

Name of Life Assured: Reta Signature: Reta Date: 28-Feb-25