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: NAEMa Father's Name: Musema G. Father's Name: Muzeyn

Date of Birth: 27-May-87 Place of Birth: Begoji Passport Number: EQ2258452 Gender: female

Address: - Region: Oromia City: Begoji Sub City: _____ Woreda: Uraga Kebele: 01 H. No.: New

Occupation: Housemaid Marital Status: ~~Divorced~~ widow Labor ID Number: EF1009304

Contact Person in case of Emergency: Name Jamel Hassen Telephone: 0936200140

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912805194

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.	Mikeya Hassen	Mother	100%	0987669895
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: NAEMa **Signature:** _____ **Date:** 4-Jul-25