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: ZEBIBA Father's Name: SEID G. Father's Name: ADEM

Date of Birth: 19 NOV 82 Place of Birth: DESSIE Passport Number: EQ1486977 Gender: F

Address: - Region: AMHARA City: _____ Sub City: DOLLOW Woreda: DESSIE Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name AWEL YIMER Telephone: 0910222925

2. **Particulars of The Travel**

Agency Name: AIKABA Agency Contact Name: _____ Telephone: _____

Destination Country: U'AE 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.	AWEL YIMER	HUSBAND		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ዘለግ ሰኢድ Signature: _____ Date: 16/05/25