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

Particulars of the Life Assured:

Mr./Ms./Mrs.
(As printed in the passport)

Name: Abebie Father's Name: Bacha G. Father's Name: Kejela

Date of Birth: 9-Jan-90 Place of Birth: Jeldu Passport Number: EP7686445 Gender: female

Address: - Region: Oromia City: Shewa/Ambo Sub City: Ambo Woreda: — Kebele: — H. No.:

Occupation: Housemaid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name Bcha Kejela Telephone: 0910471971

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.	Bacha kejela	father	100 %	0910471971
II.				
III.				
IV.				
V.				
			Total	100%

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

Name of Life Assured: Abebie Signature: Date: 31-Jan-25