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: nisco @nyalainsurancesc.com

# Foreign Employment Term Assurance (FETAP) Proposal Form

**Particulars of the Life Assured:**

(Mr./Ms./Mrs.

(printed in the passport)

Name: Senay Father's Name: Teshome G. Father's Name: G/silase

Date of Birth: 11-sep-91 Place of Birth: Shoa Passport Number: EP7268148 Gender: Female

Address: - Region: Amhara City: ~~Ed~~ Elale Sub City: Woreda: Kebele: H. No.:

Occupation: House maid Marital Status: single Labor ID Number:

Contact Person in case of Emergency: Name Almaz Welde Telephone: ~~0913121349~~50 0913294950

**Particulars of The Travel**

Agency Name: Alleaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 28-Nov-24

**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. | Almaz Welde | Mother | 100 % | 0913294950 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | Total | 100% |

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

Name of Life Assured: Senay Signature: Date: 28-Nov-24