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Nyala Insurance S.C

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Protection House, Miky Leland Street

P.O. Box: 12753, Addis Ababa, Ethiopia

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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Ayelech Father's Name: Tafa G. Father's Name: Furi

Date of Birth: 13-Feb-93 Place of Birth: Konche Passport Number: EP6758129 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Aseila Woreda: mumsa Kebele: Konche H. No.:

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10583871

Contact Person in case of Emergency: Name Daba Miguise Telephone: 0992523825

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Telephone:

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.	<u></u>	<u>Husband</u>	<u>100%</u>	<u>0992523825</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Ayelech Tafa Signature: Date: 3-Mar-25