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: Azimera Father's Name: Belay G. Father's Name: Desiye

Date of Birth: 11-Sep-86 Place of Birth: Kobo Passport Number: EP9236889 Gender: female

Address: - Region: Amhara City: Wollo Sub City: Raya Kobo Woreda: Kobo Kebele: Kobo H. No.: —

Occupation: House maid Marital Status: Married Labor ID Number: E-F10759754

Contact Person in case of Emergency: Name Mulugeta Belay Telephone: 0986415198

2. **Particulars of The Travel**

Agency Name: Al-Kaba Agency Contact Name: Nejma Telephone: 0972302910

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.	Mulugeta Belay	Brother	100%	0986415198
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Azimera Signature: [signature] Date: 11-Feb-25