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Nyala Insurance S.C

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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: AMANI Father's Name: ABDIA G. Father's Name: ADIMA

Date of Birth: 02 OCT 98 Place of Birth: ARSI Passport Number: EP7024754 Gender: F

Address: - Region: OPROMIA City: ARSI Sub City: ARSI Woreda: ASSEFA Kebele: H. No.:

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

Contact Person in case of Emergency: Name MOHAMMEDNOR Telephone: 09-26-64-12-27
GIOBSI

2. Particulars of The Travel

Agency Name: ALICABA Agency Contact Name: Telephone:

Destination Country: UAE 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>MOHAMMEDNOR GIOBSI</u>	<u>HUSBAND</u>	<u> </u>	<u>100%</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: AMANI Signature: A Date: 26/05/25