ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626760
Protection House, Milky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Forcign Employment Term Assurance (FETAP) Proposal Form

1. **Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Gosaye Father's Name: Yigezu G. Father's Name: Mamo

Date of Birth: 11-Sep-87 Place of Birth: Arsi Passport Number: EP9379326 Gender: Female

Address: - Region: Oromia City: _____ Sub City: _____ Woreda: Bore Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name ~~Abera Degefa~~ Jemanesh Worku Telephone: 0927327639

2. **Particulars of The Travel**

Agency Name: Alkaba 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.	Jemanesh Worku Abera ~~Degefa~~	Mother	100%	0927327639
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Gosaye Yigezu **Signature:** _____ **Date:** 9-Jan-25