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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: Absalat Father's Name: Tebabel G. Father's Name: Belay

Date of Birth: 16 Apr 00 Place of Birth: Debre mark Passport Number: EG 2206966 Gender: Female

Address: - Region: OROMIA City: Adama Sub City: Adama Woreda: Irecha Kebele: 01 H. No.: 4A448

Occupation: House maid Marital Status: Single Labor ID Number: EF11185343

Contact Person in case of Emergency: Name Mekdes Tizah Telephone: 09 6821 3526

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Beza Belay</u>	<u>mother</u>	<u>100%</u>	<u>0922506149</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Absalat Tebabel Signature: [Signature] Date: 28/05/25