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: SELAM Father's Name: NIGUSSU G. Father's Name: BELACHEW

Date of Birth: 4-JUL-96 Place of Birth: DERA Passport Number: EP7500323 Gender: FEMALE

Address: - Region: A.A City: _____ Sub City: AKAKI KALITY Woreda: 04 Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name GEZAHEGN ALEMU Telephone: 09-11-99-58-23

2. **Particulars of The Travel**

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36

Destination Country: DUBAI Departure (Effective) Date: 28-05-2025

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.	GEZAHEGN ALEMU	UNCLE	100%	09-11-99-58-23
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ሳላም Signature: _____ Date: 28-05-2025