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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: mebrate Father's Name: chalew G. Father's Name: Ababu

Date of Birth: 18-Jan-90 Place of Birth: Shoa Passport Number: 28460992 Gender: female

Address: - Region: oromia City: Ahitek Sub City: Shoa Woreda: Darre Kebele: 01 H. No.:

Occupation: Housemaid Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Gedahun Amare Telephone: 0913087966

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: neway Telephone: 0912805194

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>Gedahun Amare</u>	<u>husband</u>	<u>100%</u>	<u>Subuta 0913087966</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: mebrate chalew Signature: [Signature] Date: 22-oct-2024