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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: MITKE Father's Name: DEBOCHA G. Father's Name: ANULO

Date of Birth: 18-JAN-89 Place of Birth: BIDARA Passport Number: EQ1854608 Gender: FEMALE

Address: - Region: A.A. City: A.A. Sub City: Leml Woreda: 11 Kebele: kura H. No.:

Occupation: HOUSEMAID Marital Status: single Labor ID Number:

Contact Person in case of Emergency: Name Teka Deboch Telephone: 0991227405

2. Particulars of The Travel

Agency Name: AL KABA 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>Teka Deboch</u>	<u>Brother</u>	<u>100 %</u>	<u>099122 7405</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: Signature: Date: 23-05-2025