ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626967, 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

Particulars of the Life Assured:

(Mr./Ms./Mrs.
(As printed in the passport)

Name: Meseret Father's Name: Negusse G. Father's Name: Sinebiru

Date of Birth: 14-Jun 88 Place of Birth: Arsi Passport Number: E1793o5751 Gender: female

Address: - Region: Oromia City: Arsi Sub City: Shasha mani Woreda: Sha shamani Kebele: ____ H. No.: ____

Occupation: Housemaid Marital Status: Married Labor ID Number: ____

Contact Person in case of Emergency: Name Genecho Tufa Telephone: 0912267071

Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: UAE Departure (Effective) Date: ____

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.	Obsa Negusse	Brother	100%	0931557591
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Meseret Signature: [signature] Date: 25-Feb-25