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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: Yodit Father's Name: Tadese G. Father's Name: Abraham

Date of Birth: 19-Nov-84 Place of Birth: Norcha Passport Number: EQ2758807 Gender: Female

Address: - Region: Oromia City: Burayu Sub City: Burayu Woreda: Yelka Kebele: 01 H. No.: New

Occupation: Housemaid Marital Status: Single Labor ID Number: BF11282913

Contact Person in case of Emergency: Name Tadese Habetu Telephone: 0911078154

2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Norway Telephone: 0912805194

Destination Country: Dubai 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>Tadese Abraham</u>	<u>Father</u>	<u>100%</u>	<u>09316339537</u> <u>0931638</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Yodit Tadese Signature: [Signature] Date: 3-Jul-25