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: RAHEL Father's Name: DEMISSE G. Father's Name: UME

Date of Birth: 11-SEP-94 Place of Birth: EAST SHOA Passport Number: EQ2426338 Gender: FEMALE

Address: - Region: OROMIYA City: _____ Sub City: DIZEYIT Woreda: GUMBICHU Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: _____ Labor ID Number: EF11213235

Contact Person in case of Emergency: Name WUBALEM DEMISSE Telephone: 09-39-59-69-35

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-74-69-69-69

Destination Country: UAE Departure (Effective) Date: 27-06-2025

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.	WUBALEM DEMISSE	SISTER	100%	09-39-59-69-35
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Rahel Damise **Signature:** _____ **Date:** 27-06-2025