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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tigist Father's Name: Abde G. Father's Name: Mengesha

Date of Birth: 11-sep-92 Place of Birth: Jacho Passport Number: EP8932462 Gender: Female

Address: - Region: Central City: modela Sub City: _____ Woreda: Tenba Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Abde Mengesha Telephone: 0936447793

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

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>Abde Mengesha</u>	<u>Father</u>	<u>100%</u>	<u>0936447793</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Tigist Abde Signature: [Signature] Date: 4-Jun-25