ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626705
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:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: FANTU Father's Name: BALCHA G. Father's Name: URGE

Date of Birth: 26 NOV 88 Place of Birth: BEKE Passport Number: EQ1372394 Gender: F

Address: - Region: OROMIA City: _____ Sub City: SENDAFA Woreda: _____ Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name CHALA MARE. Telephone: 0913 26 22 97.

Particulars of The Travel

Agency Name: ALKABA. Agency Contact Name: _____ Telephone: _____

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
CHALA MARE	HUSBAND		100%
		Total	100%

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

Name of Life Assured: FANTU Signature: _____ Date: 14/04/25.