ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667 Fax: 251-116-626766
Protection House, Miky Lefalo 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: Mulunesh Father's Name: Worke G. Father's Name: Jenbere

Date of Birth: 12-Oct-90 Place of Birth: Gonder Passport Number: EQ2075914 Gender: Female

Address: - Region: A.A. City: A.A. Sub City: Kolfe Woreda: 06 Kebele: H. No.:

Occupation: House maid Marital Status: Married Labor ID Number: EF1113 9360

Contact Person in case of Emergency: Name Bedilu Yehalashet Telephone: 0936696452

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.	Bedilu Yehalashet	Husband	100%	0936696452
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Mulunesh Worke Signature: Date: 21-Apr-25