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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: ETSUB Father's Name: ESHETU G. Father's Name: JERJERSA

Date of Birth: 22-FEB-94 Place of Birth: ASELA Passport Number: EQ2504306 Gender: FEMALE

Address: - Region: OROMIYA City: _____ Sub City: LEGE
TAFU Woreda: KOLFA Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: EF11172729

Contact Person in case of Emergency: Name ADDIS ESHETU Telephone: 09-04-07-89-56

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: _____ Telephone: _____

Destination Country: UAE 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>ADDIS ESHETU</u>	<u>SISTER</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ETSUB ESHETU Signature: [Signature] Date: 19-05-2025