ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626867, 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:**

(Tick Mr./Ms./Mrs.

(As printed in the passport)

Name: ~~Abrh~~ Mesu Father's Name: Kusa G. Father's Name: Negasa

Date of Birth: 10-Jan-92 Place of Birth: Mend Passport Number: EP9208484 Gender: Female

Address: - Region: Oromiya City: Ambo Sub City: _____ Woreda: Mds Kebele: 02 H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF10547172

Contact Person in case of Emergency: Name Eba Chala Telephone: 0983278122

2. **Particulars of The Travel**

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

Destination Country: ~~Saudi~~ Dubi Departure (Effective) Date: 20-Nov-24

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.	Eba chala	Mother	100%	0983278122
II.				
III.				
IV.				
V.				
VI.				
VII.				
			Total	100%

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

Name of Life Assured: Mesu kusa Signature: _____ Date: 20-Nov-24