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

Particulars of the Life Assured:

Mr./Ms./Mrs.
(printed in the passport)

Name: Feyise Father's Name: Urgaya G. Father's Name: Dibaba

Date of Birth: 11-Sep-90 Place of Birth: Arsi Passport Number: EP673506 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Asella Woreda: Tijo Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Dereba Negash Telephone: 0919614996

Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Negwa Telephone: 09 72302010

Destination Country: Dubai 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
Dereba Negash	Husband	100%	0919614996
		Total	100%

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

Name of Life Assured: Feyise Signature: _____ Date: 30-Jan-25