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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tsehay Father's Name: Mulatu G. Father's Name: Abebe

Date of Birth: 18-Jan-88 Place of Birth: Arsi Passport Number: EP9348745 Gender: female

Address: - Region: Oromia City: Bekoji Sub City: _____ Woreda: _____ Kebele: Burka H. No.: _____

Occupation: House maid Marital Status: Merried Labor ID Number: EFou242535

Contact Person in case of Emergency: Name Mulatu Abebe Telephone: 0966457922

2. Particulars of The Travel

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

Destination Country: Dubai Departure (Effective) Date: 10-Dec-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.	Mulatu Abebe	Father	100%	0966457922
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Tsehay Mulatu **Signature:** _____ **Date:** 10-Dec-24