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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Belay Father's Name: Taye G. Father's Name: Tefera
Date of Birth: 2-Nov-93 Place of Birth: Keteba Passport Number: GP8374436 Gender: female
Address: - Region: Oromia City: Keteba Sub City: Keleba Woreda: Ada Kebele: Keleba H. No.: New
Occupation: Housemaid Marital Status: Divorced Labor ID Number: EF11002753
Contact Person in case of Emergency: Name Shewangizaw Taye Telephone: 0910944640

2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Nawany Telephone: 091280544
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>Shewangizaw Taye</u>	<u>Brother</u>	<u>100%</u>	<u>0910944640</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Belay Taye Signature: B. Date: 30-Apr-25