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: Roman Father's Name: Jenbo G. Father's Name: Obsa

Date of Birth: 21-Sep-84 Place of Birth: Adama Passport Number: EP8406578 Gender: Female

Address: - Region: Oromia City: Meki Sub City: _____ Woreda: Elsho Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EFQA084297

Contact Person in case of Emergency: Name Jenbo obsa Telephone: 0969898850

**2. Particulars of The Travel**

Agency Name: Alkaba agency Agency Contact Name: Nejua Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 14-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. | Jenbo obsa | Father | 100% | 0969898850 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | **Total** | **100%** |

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

**Name of Life Assured:** Roman Jenbo **Signature:** _____ **Date:** 14-Dec-24