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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:

Title: Mr./Ms./Mrs.

As printed in the passport)

Name: Damitu

Father's Name: Gutema

G. Father's Name: Bekele

Date of Birth: 11-06-90 Place of Birth: Dege Dimd Passport Number: EP7316848 Gender: Female

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

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

Contact Person in case of Emergency: Name Dejene Gemeel Telephone: 0913511275

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nigwa Telephone: 0972302016

Destination Country: Duba 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
I.	<u>Dejene Gemeel</u>	<u>husband</u>	<u>100%</u>	<u>0913511275</u>
II.	_____	_____	_____	_____
III.	_____	_____	_____	_____
IV.	_____	_____	_____	_____
V.	_____	_____	_____	_____
VI.	_____	_____	_____	_____
VII.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Damitu

Signature: Damitu

Date: 31-Jan-25