



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: Yeshi Father's Name: Lema G. Father's Name: Holana

Date of Birth: 11-sep-86 Place of Birth: Jeldu Passport Number: EQ 2185708 Gender: Female

Address: - Region: Oromia City: Anbu Sub City: Anbu Woreda: Jeldu Kebele: Sarefi H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: GF11077724

Contact Person in case of Emergency: Name Kabe Adugna Telephone: 091339638

2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Noway Telephone: 0912805194

Destination Country: Dubai 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>Dejene Delesa</u>	<u>Husband</u>	<u>100%</u>	<u>0929128307</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
Total			100%	



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

Name of Life Assured: Yeshi Lema Signature: [Signature] Date: 29-Apr-25