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Nyala Insurance S.C

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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: Znash Father's Name: Negash G. Father's Name: Bedishu

Date of Birth: 17-Mar-89 Place of Birth: Adea Passport Number: EP8870740 Gender: Female

Address: - Region: oromia City: Hidi Sub City: _____ Woreda: _____ Kebele: 01 H. No.: _____

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

Contact Person in case of Emergency: Name _____ Telephone: _____

2. Particulars of The Travel

Agency Name: Alfaba Agency Contact Name: _____ Telephone: _____

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.	_____	_____	_____	_____
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: _____ Signature: _____ Date: 17-05-2025