ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626766
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: Zenzu Father's Name: Abu G. Father's Name: Rabo

Date of Birth: 11-Sep-93 Place of Birth: Hula Arbd Passport Number: EP7832411 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: ____ Woreda: ____ Kebele: ____ H. No.: ____

Occupation: House maid Marital Status: Single Labor ID Number: ____

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

2. **Particulars of The Travel**

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302070

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.	Abu Rabo	Father	100%	0967570709
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Zenzu **Signature:** ____ **Date:** 11-Feb-25