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: Emebet Father's Name: Gude G. Father's Name: Tufa

Date of Birth: 11-Sep-89 Place of Birth: Shoa Passport Number: EQ14 16022 Gender: Female

Address: - Region: Oromia City: Shoa Sub City: dub Woreda: — Kebele: — H. No.: —

Occupation: Housemaid Marital Status: Single Labor ID Number: EF10803566

Contact Person in case of Emergency: Name Belete Gude Telephone: 0921113 2151

2. **Particulars of The Travel**

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0973203070

Destination Country: UAE 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.	Belete Gude	Brother	100%	0921113 2151
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Emebet **Signature:** _____ **Date:** 6-Feb-25