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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  
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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: ALIYA Father's Name: Haji G. Father's Name: KIPO

Date of Birth: 15 JUN 87 Place of Birth: ARSI Passport Number: EP8470504 Gender: F

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: ARSI Woreda: LITA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name MUHAMMED ABDULAH Telephone: 0927835965

## 2. Particulars of The Travel

Agency Name: ALHABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: UAE Departure (Effective) Date: 27/12/24

## 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>MUHAMMED ABDULAH</u>	<u>HUSBAND</u>	_____	<u>VOX</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: ኃይለ Signature: [Signature] Date: 27/12/24