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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Alemayehu Father's Name: Desalegn G. Father's Name: Tadesse

Date of Birth: 20-May-94 Place of Birth: Selale Passport Number: EP 7082586 Gender: Female

Address: - Region: A.A City: Akaki Kality Sub City: A-A Woreda: 08 Kebele: ____ H. No.: ____

Occupation: Housemaid Marital Status: Married Labor ID Number: EF 10850648

Contact Person in case of Emergency: Name Kassaw Telephone: 0924027243

Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: UAE Departure (Effective) Date: ____

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.	Almaz Senbeto	Mother	100%-	0930 7777 70 ~~0937777~~
II.				
III.				
IV.				
V.				
VI.				
VII.				
			Total	100%

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

Name of Life Assured: Alemayehu Signature: ~~[illegible]~~ Date: 5-Feb-25