ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626687, Fax: 251-116-626764
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:

(Mr./Ms./Mrs.
printed in the passport)

Name: Fatima Father's Name: Yimer G. Father's Name: Snfaw

Date of Birth: 7-Dec-87 Place of Birth: Gobero Passport Number: EP7982704 Gender: Female

Address: - Region: Amhara City: Dessie Sub City: Segno Gebeja Woreda: 06 Kebele: ____ H. No.: ____

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

Contact Person in case of Emergency: Name Sadat Endris Telephone: 0913171885

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: ____ Telephone: ____

Destination Country: Dubai 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
		Brother	100 %	0913171885
			Total	100%

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

Name of Life Assured: Fatima Yimer Signature: ____ Date: 30-Jan-25