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Nyala Insurance S.C

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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: Mahlet Father's Name: Tesfaye G. Father's Name: Chane

Date of Birth: 24/05/88 Place of Birth: 2iway Passport Number: EP7344097 Gender: F

Address: - Region: Oromia City: Eshewa Sub City: Adama Woreda: Dembke Kebele: 01 H. No.: -

Occupation: Housemaid Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Wayesa mulesa Telephone: 0922071858

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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.	<u>Wayesa mulesa</u>	<u>Husband</u>	<u>100%</u>	<u>Oromia</u>
ii.	<u></u>	<u></u>	<u></u>	<u>0912805194</u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Mahlet Tesfaye Signature: Hus Date: 13/06/2025