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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: Hawi Father's Name: Kebede G. Father's Name: Balchma
Date of Birth: 21-Sep-86 Place of Birth: Gojo Passport Number: EP6597189 Gender: Female
Address: - Region: oromia City: West Shoa Sub City: _____ Woreda: Dalida Kebele: Gelan H. No.: _____
Occupation: House maid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name URGESA GABISA Telephone: 09-35-39-43-65

2. Particulars of The Travel

Agency Name: Alcaba Agency Contact Name: _____ Telephone: _____
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>URGESA GABISA</u>	<u>HUSBAND</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Hawi Kebede Signature: H Date: 21-05-2025