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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Ethfwork Father's Name: Mamuye G. Father's Name: Sahlu

Date of Birth: 26-Sep-83 Place of Birth: Shoa Passport Number: EP8773122 ~~EP1236811~~ Gender: Female

Address: - Region: Amhara City: Debre berhan Sub City: Shasha Woreda: Shasha Kebele: Mugus H. No.: New

Occupation: Housemaid Marital Status: Single Labor ID Number: EF 10816838

Contact Person in case of Emergency: Name Aweke Sahlu Telephone: 0979802430

2. Particulars of The Travel

Agency Name: ~~Adey Agency~~ Agency Contact Name: Noway Telephone: 0912805 94

Destination Country: UAE 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.	Aweke Sahlu	Brother	100%	0987100130
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Ethwork Mamuye **Signature:** _____ **Date:** 19-May-25