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: Abebech Father's Name: Debelu G. Father's Name: Edo

Date of Birth: 11-Sep-93 Place of Birth: Arsi Passport Number: EP8681209 Gender: Female

Address: - Region: Oromia City: _____ Sub City: Arsi Zone Woreda: Hetosa Kebele: Bonu Lencho H. No.: _____

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

Contact Person in case of Emergency: Name Guta Debelu Telephone: 0927979857

2. **Particulars of The Travel**

Agency Name: Alkaba Agency Contact Name: Nejma Telephone: 0972302010

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.	Guta Debelu	Brother ~~Brother~~	100%	0927979857
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Abebech Debelu **Signature:** _____ **Date:** 3-Jan-25