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: Birhane Father's Name: Abera G. Father's Name: Arsedi

Date of Birth: 18-Dec-89 Place of Birth: Abuloya Passport Number: EQ2174513 Gender: Female

Address: - Region: Oromia City: Bishoftu Sub City: Dukam Woreda: Sere Kebele: 08 H. No.: —

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Dereje Guta Telephone: 0988691144

2. Particulars of The Travel

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

Destination Country: ~~Qatar~~ 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.	Dereje Guta	Husband	50%	Bishoftu |0988691
ii.	Abera Arsed	Father	50%	Bishoftu |0910213312
iii.				
iv.				
v.				
vi.				
vii.				
		Total		100%

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

Name of Life Assured: Birhane Abera Signature: _____ Date: 25-4-25