



PREPARED BY: AZEB ABRAHA

VERIFIED BY: AZEB SHAWULE

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Nyala Insurance S.C

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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Damul Father's Name: Dibo G. Father's Name: Guye

Date of Birth: 08-Jun-86 Place of Birth: Kofele Passport Number: EP8386442 Gender: Female

Address: - Region: Oromia City: Shashane Sub City: Kofele Woreda: _____ Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name _____ Telephone: _____

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. _____	_____	_____	_____
II. _____	_____	_____	_____
III. _____	_____	_____	_____
IV. _____	_____	_____	_____
V. _____	_____	_____	_____
VI. _____	_____	_____	_____
VII. _____	_____	_____	_____
		Total	100%

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

Name of Life Assured: Damul Dibo Signature: _____ Date: 13-Jan-25