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: EMEBET Father's Name: TEMESGEN G. Father's Name: DEBISA

Date of Birth: 27-JAN-88 Place of Birth: SHOA Passport Number: EP9152655 Gender: FEMALE

Address: - Region: ORO MIA City: Sub City: SHOA Woreda: BAKO Kebele: H. No.:

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF11036780

Contact Person in case of Emergency: Name ABSAW YIGEZU Telephone: 09-67-46-96-67

2. **Particulars of The Travel**

Agency Name: AL KABA Agency Contact Name: Nejema Telephone: 09-11-28-47-36

Destination Country: UAE Departure (Effective) Date: 27-05-2025

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.	ASFAW ~~ABSAW~~ YIGEZU	HUSBAND		100 %
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Imabet ~~Eba~~ Tamasgen Signature: Date: 27-05-2025