



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: Selamawit Father's Name: Tena G. Father's Name: Workalemahu

Date of Birth: 26-Sep-88 Place of Birth: Jiru Passport Number: EQ2536883 Gender: Female

Address: - Region: Ambare City: _____ Sub City: _____ Woreda: Wayu Kebele: 01 H. No.: _____

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

Contact Person in case of Emergency: Name Melaku Tufa Telephone: 0923 499867

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.	<u>Melaku Tufa</u>	<u>Husband</u>	<u>100 %</u>	<u>0923 499867</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Selamawit Tena Signature: [Signature] Date: 9-Jun-25