ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626467, Fax: 251-116-626700
Protection House, Milky Leland Street
P.O. Box: 12751, Addis Ababa, Ethiopia
e-mail: nisco [illegible]alainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

(Mr. Mrs./Mrs.
(stated in the passport)

me: Desalech Father's Name: Mohammed G. Father's Name: Ersulo

te of Birth: 20-Nov-95 Place of Birth: SicharehU Passport Number: EP6581518 Gender: Female

ddress: - Region: Central City: Durani Sub City: Woreda: Doyo Kebele: DinkaII. No.:

cupation: House maid Marital Status: Single Labor ID Number:

ntact Person in case of Emergency: Name Abraham Alemu Telephone: 0926283554

Particulars of The Travel

ency Name: Alkaba agency Agency Contact Name: Nejwa Telephone: 0972302010

stination Country: Dubai Departure (Effective) Date: 23-Dec-24

Beneficiary Information

ereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim
cuments, court order and liquidation report attested by the court.

Full Name	Relationship	Percentage Share	Address/Telephone
Abraham Alemu	Cousin	100%	0926283554
		Total	100%

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

me of Life Assured: Desalech Signature: Date: 3-Dec-24