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Nyala Insurance S.C

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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: Awi Father's Name: Kefene G. Father's Name: Gadissa

Date of Birth: 10-Jan-86 Place of Birth: Teji Passport Number: EP7637705 Gender: Female

Address - Region: Oromia City: Weji Sub City: Teji Woreda: Elu Kebele: Elu H. No.: Nes

Occupation: House maid Marital Status: Married Labor ID Number: EF11401866

Contact Person in case of Emergency: Name Bekel Kefene Telephone: 0911221484

2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Noway Telephone: 0912805194

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>Bekel Kefene</u>	<u>Brother</u>	<u>100%</u>	<u>0911221484</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Awi Kefene

Signature: [Signature]

Date: 10-Jul-25