ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-628667, Fax: 251-116 628708
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. **Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.
(As printed in the passport)

Name: CHALTU Father's Name: TESFAYE G. Father's Name: AMESO

Date of Birth: 11-SEP-92 Place of Birth: HOLETA Passport Number: EP7302269 Gender: FEMALE

Address: - Region: OROMIA City: Sub City: HOLETA Woreda: GELGEL KUYU Kebele: H. No.:

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10943337

Contact Person in case of Emergency: Name ROMAN KEBEDE Telephone: 09-09-09-77-75

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: 9-06-2025

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.	ROMAN KEBEDE	MOTHER	100%	09-09-09-77-75
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

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

Name of Life Assured: Chaltu Tesfaye Signature: Date: 9-06-2025