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: BoGE Father's Name: NIGUSE G. Father's Name: ESHETE

Date of Birth: 31-Jan-93 Place of Birth: Alemgena Passport Number: EP8371292 Gender: Female

Address: - Region: Oromia City: Sheger Sub City: Gelan Woreda: Dafi Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Habtamu telahun Telephone: 0919 356326

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwo Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 11-Dec-24

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.	Habtamu telahun	husband	100%	0919356326
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Boge Niguse **Signature:** #. **Date:** 11-Dec-24