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: Bezu Father's Name: Alemayew G. Father's Name: Negera

Date of Birth: 11-Sep-96 Place of Birth: Gecha Gere babo Passport Number: EQ1828021 Gender: Female

Address: - Region: Oromia City: Gedo Sub City: Gerokab Woreda: — Kebele: — H. No.: —

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Alemayew Telephone: 0982514145

2. **Particulars of The Travel**

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972302020

Destination Country: UAE 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.	Alemayew	Father	100%	0982514145
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Bezu **Signature:** Buzu **Date:** 3-Sep-25