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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: Mertach Father's Name: Alemu G. Father's Name: lelamo

Date of Birth: 12-Sep-91 Place of Birth: Hosaina Passport Number: EQ2176470 Gender: female

Address: - Region: Ethiopia City: Hadig Sub City: Gimbichu Woreda: Hulela Kebele: — H. No.: New

Occupation: House maid Marital Status: Married Labor ID Number: EF11383787

Contact Person in case of Emergency: Name Amanuel Digago Telephone: 0919773417

2. Particulars of The Travel

Agency Name: Adey 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>Amanuel Digago</u>	<u>Husband</u>	<u>100%</u>	<u>0919773417</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Mertach Alemu Signature: [Signature] Date: 10-Jul-25