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**Nyala Insurance S.C**

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P.O. Box: 12753, Addis Ababa, Ethiopia

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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Alemnesh Father's Name: Bekele G. Father's Name: Desta

Date of Birth: 11-Sep-92 Place of Birth: Tero Passport Number: EP7746063 Gender: female

Address: - Region: oromia City: \_\_\_\_\_ Sub City: Arsi Woreda: Sire Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: Divorced Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Enatu Bekele Telephone: 0945641563

### 2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Néjwa Telephone: 0972302010

Destination Country: Dubaï 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>Enatu Bekele</u>	<u>sister</u>	<u>100 %</u>	<u>0945641563</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Alemnesh Bekele Signature: [Signature] Date: 14 Jun-25