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

Particulars of the Life Assured:

(e.g. Mr./Ms./Mrs.

as printed in the passport)

Name: ~~Wasita~~ Bontu Father's Name: ~~Nasru~~ Negash G. Father's Name: ~~Muktar~~ Edeti

Date of Birth: ~~14-Aug-99~~ 12-sep-88 Place of Birth: ~~Bale~~ Jimma Passport Number: ~~EP6417532~~ EQ1123907 Gender: Female

Address: - Region: Oromiya City: Arowera Sub City: _____ Woreda: Wama Kebele: 1 H. No.: _____

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

Contact Person in case of Emergency: Name Tadele W/maryem Telephone: 0912475069

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 29-Nov-24

Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim settlements, court order and liquidation report attested by the court.

Full Name	Relationship	Percentage Share	Address/Telephone
Tadele W/Maryem	Husband	100%	0912475069
		Total	100%

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

Name of Life Assured: Bontu Negash Signature: _____ Date: 29-Nov-24