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: Keelija Father's Name: Sermolo G. Father's Name: Abdela

Date of Birth: 19-Dec-89 Place of Birth: Silte Passport Number: EP8835872 Gender: female

Address: - Region: 6 - Ethio City: Dalucha Sub City: Silte Woreda: daluch Kebele: Jegeni Lacho H. No.: New

Occupation: Housemaid Marital Status: Single Labor ID Number: Ef1004712

Contact Person in case of Emergency: Name Keirealdin Jewehar Telephone: 0901188388

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nowcy Telephone: 0912805190

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.	feris sermolo	Brother	100%	0939435208
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: kedija sermolo Signature: _____ Date: 16-Apr-25