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: Burkitu Father's Name: Abera G. Father's Name: Bedada

Date of Birth: 11-Oct-88 Place of Birth: Burayu Passport Number: EQ2506878 Gender: Female

Address: - Region: Oromia City: Burayu Sub City: Burayu Woreda: Genda Kebele: - H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: EFII2018825

Contact Person in case of Emergency: Name Abera Bedada Telephone: 0911709957

2. Particulars of The Travel

Agency Name: Aday Agency Agency Contact Name: Noway Telephone: 0912805944

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.	Almaz Getachew	Mother	100%	0979949110
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Burkitu Abera **Signature:** _____ **Date:** 19-May-25