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: Amareh Father's Name: Elias G. Father's Name: ሀጎሶ

Date of Birth: 11-Nov-01 Place of Birth: Shone Passport Number: EP8040714 Gender: Female

Address: - Region: C. Ethiopia City: Shone Sub City: Hadiya Woreda: Shone Kebele: Lucha H. No.: New

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

Contact Person in case of Emergency: Name Abera Amanuel Telephone: 09-16-44-37-08

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 09-12-80-51-94

Destination Country: Jordan 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.	Hattamu Elias	Brother	100%	Shone/0912 249144
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 90 56 011 5 62 02 62

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

Name of Life Assured: Amareh Elias **Signature:** **Date:** 21-Jul-25