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: TIGIST Father's Name: FEKADU G. Father's Name: RORISA

Date of Birth: 29-JAN-85 Place of Birth: SHOA Passport Number: EQ2528281 Gender: FEMALE

Address: - Region: OROMIA City: _____ Sub City: SHOA Woreda: ANA BIFTU Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name ABEBE RORISA Telephone: 09-22-65-79-91

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: _____ Telephone: _____

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.	ABEBE RORISA	BROTHER		100 %
ii.				
iii.				
iv.				
v.				
vi.				
vii.			Total	100%

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

Name of Life Assured: TIGIST Signature: TIGIST Date: 21-05-2025