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: Bertha Father's Name: Gebrehiwot G. Father's Name: Bahita

Date of Birth: 23-Jan-98 Place of Birth: Adwa Passport Number: EP7918844 Gender: Female

Address: - Region: A.A City: AA Sub City: Gulele Woreda: 7 Kebele: Gulele H. No.: 13/92

Occupation: Housemaid Marital Status: Single Labor ID Number: EF10089596

Contact Person in case of Emergency: Name Gebrehiwot Bahita Telephone: 0945062678

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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.	Gebrehiwot Bahita	Father	50%	A.A/0945062678
ii.	Tsega Gebrehiwot	Sister	50%	A.A/0962564449
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Bertha Gebrehiwot **Signature:** _____ **Date:** 21-May-25