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: Yerosan Father's Name: Menigistu G. Father's Name: Negash

Date of Birth: 04-Oct-93 Place of Birth: Gelan Arabsa Passport Number: EQ1355993 Gender: Female

Address: - Region: Oromia City: Koye Sub City: Koye Woreda: ~~Ke~~ Koyejeche Kebele: 01 H. No.: New

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

Contact Person in case of Emergency: Name Mulugeta Telephone: 09-19-38-93-85

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912089194

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.	Mulu Gizaw	Sister	50%	09-19-38-93-85
ii.	Bedru Mengistu	Brother	50%	0913-81-87-85
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Yerosan Mengistu **Signature:** _____ **Date:** 26-may-2025