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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Worke Father's Name: Tadesse G. Father's Name: DeGefu

Date of Birth: 25-Mar-79 Place of Birth: Addis Ababa Passport Number: EQ1135170 Gender: female

Address: - Region: A.A City: Nifas silk Sub City: Nifas silk Woreda: 05 Kebele: ____ H. No.: 4211068

Occupation: House maid Marital Status: Single Labor ID Number: ____

Contact Person in case of Emergency: Name ____ Telephone: ____

Particulars of The Travel

Agency Name: Al-kaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: UAE Departure (Effective) Date: ____

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.	Ayelu Tadesse	Sister	100 %	0973044300
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Worke Signature: [signature] Date: 4-Feb-25