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: Gishu Father's Name: Tulu G. Father's Name: Buta

Date of Birth: 1-Jan-88 Place of Birth: Asela Passport Number: EP8121429 Gender: Female

Address: - Region: Oromia City: Kenchori Sub City: Arsi Woreda: Kersa Kebele: 01 H. No.: New

Occupation: Housemaid Marital Status: Single Labor ID Number: EF 10104460

Contact Person in case of Emergency: Name Alemu Tulu Telephone: 0910 77 7337

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Norway Telephone: 0912805194

Destination Country: Dubai 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.	Alemu Tulu	Brother	100%	0910377337
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Gishu Tulu **Signature:** _____ **Date:** 30-May-25