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: Chaltu Father's Name: Hamu G. Father's Name: Hirbaye

Date of Birth: 08-Dec-98 Place of Birth: Gerembamo Passport Number: EQ1361726 Gender: F

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Nasbo Kebele: Gerembamo H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: EF10779954

Contact Person in case of Emergency: Name Hamu Hirbaye Telephone: 0931526335

2. Particulars of The Travel

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

Destination Country: Kuwait 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.	Hamu Hirbaye	Father	100%	Arsi 0931526335
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Chaltu **Signature:** _____ **Date:** 07/07/25