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: Tsiyon Father's Name: Kemaw G. Father's Name: Degife

Date of Birth: 11-Sep-92 Place of Birth: Jimma Passport Number: EP9013628 Gender: female

Address: - Region: Oromia City: Jimma Sub City: Jimma Woreda: 3-2 Kebele: New H. No.: New

Occupation: House maid Marital Status: Single Labor ID Number: EF10823524

Contact Person in case of Emergency: Name Ejegayehew Abseber Telephone: 0942 499891

2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Noway Telephone: 0912805994

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.	Kemaw Degife	father	100/-	0986380942
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 98 45 0911 25 90 56 011 5 62 02 62

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

Name of Life Assured: Tsiyon Kemaw **Signature:** _____ **Date:** 27-May-25