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Nyala Insurance S.C

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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: medina Father's Name: mohammed G. Father's Name: wako

Date of Birth: 20-01-98 Place of Birth: Arsi Passport Number: EP9153791 Gender: female

Address: - Region: oromia City: Arsi Sub City: Arsi Woreda: nameta Kebele: Gurri H. No.:

Occupation: Housemaid Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name feysa feto Telephone: 0953695166

2. Particulars of The Travel

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

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.	<u>feysa feto</u>	<u>Husband</u>	<u>100%</u>	<u>Arsi / 0953695166</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%



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

Name of Life Assured: medina mohammed Signature: medina Date: 17-Dec-2024