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: Bedriya Father's Name: Yimam G. Father's Name: muhe

Date of Birth: 13-Sep-85 Place of Birth: Wollo Passport Number: EP9296553 Gender: female

Address: - Region: Amhara City: Degola Sub City: Kwollo Woreda: Kenaa Kebele: 01 H. No.: _____

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

Contact Person in case of Emergency: Name Zeyid sherif Telephone: 0906409747

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Dewary 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.	Zeyid sherif yimam	Nephew	100%	Dessie/0906409747
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

0911 22 88 45
0911 25 90 56
011 5 62 02 62
ADEY FOREIGN EMPLOYMENT AGENCY P.L.C

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

Name of Life Assured: Bedriya sherif **Signature:** _____ **Date:** 20-Dec-2024