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: Tigist Father's Name: Seshanbel G. Father's Name: Wodaju

Date of Birth: 11-Sep-94 Place of Birth: Maksegnit Passport Number: EG1403009 Gender: Female

Address: - Region: Amhara City: Gondar Sub City: N.Gondar Woreda: 02 Kebele: 02 H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: EF10757933

Contact Person in case of Emergency: Name Azanaw Telephone: 0918700042

2. Particulars of The Travel

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

Destination Country: Qatar 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.	Azanu Tarko	Uncle	100%	A.A /0918700042
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total		100%

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

Name of Life Assured: Tigist Geshanbel Signature: _____ Date: 6-Jan-25