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: ROMAN Father's Name: TAMRU G. Father's Name: MENGISTU

Date of Birth: 06 FEB 94 Place of Birth: NORTH SHOA Passport Number: EQ 2171473 Gender: F

Address: - Region: AMHARA City: _____ Sub City: NISHOA Woreda: AGERE MARIAM Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name BEZUNES WESENE Telephone: 0941488495.

2. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: NAWAL Telephone: 0975696969.

Destination Country: U.A.E 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.	BEZUNESH WESENE	GRANDMOTHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Roman **Signature:** _____ **Date:** 19/06/25