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: Betelihem Father's Name: Getaneh G. Father's Name: Shiferaw

Date of Birth: 13-JW-96 Place of Birth: Woliso Passport Number: EP7042633 Gender: F

Address: - Region: A.A. City: A.A Sub City: Nifas silk Woreda: 11 Kebele: 01 H. No.: _____

Occupation: _____ Marital Status: _____ Labor ID Number: _____

Contact Person in case of Emergency: Name Alem Mamo Telephone: 09-11-48-19-02

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: _____

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.	Alem mamo	mother	100%	AA/0911481902
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEV FOREIGN EMPLOYMENT AGENT P.L.C

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

Name of Life Assured: Betelihem Getaneh **Signature:** _____ **Date:** 2-Dec-24