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: Ayelu Father's Name: Gosa G. Father's Name: Tola

Date of Birth: 31-Dec-83 Place of Birth: Suleleta Passport Number: EQ2776011 Gender: Female

Address: - Region: Oromia City: Suleleta Sub City: weserbi Woreda: 01 Kebele: weserbi H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10837660

Contact Person in case of Emergency: Name Dereje Bedasu Telephone: 0992076285

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Dowey 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.	Dereje Bedasu	Spouse	100%	0992076285
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

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

Name of Life Assured: Ayelu Gosa **Signature:** **Date:** 27-May-25