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: Mehader Father's Name: Zemede G. Father's Name: Bekele

Date of Birth: 10-Apr-84 Place of Birth: Addis Ababa Passport Number: EQ2168689 Gender: female

Address: - Region: A.A City: A.A Sub City: Addis ketema Woreda: 09 Kebele: 19/b H. No.: 4459/Le

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10960999

Contact Person in case of Emergency: Name Binyam Zemede Telephone: 0913288652

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nowcy Telephone: 0912805944

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.	Binyam Zemede	Brother	100%	0913288652
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Mehader Zemede **Signature:** _____ **Date:** 19-May-25