ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-628667, Fax: 251-116-626750
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsuranceesc.com

oreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

(Mr./Mrs.
(as in the passport)

Maridya Father's Name: Tuna G. Father's Name: Obo

e of Birth: 17-Feb-86 Place of Birth: Arsi Passport Number: EQ1946952 Gender: Female

ddress: - Region: Oromia City: Adaba Sub City: Adaba Woreda: 01 Kebele: - H. No.: -

upation: Housemaid Marital Status: Married Labor ID Number:

me of Person in case of Emergency: Name Telephone:

Particulars of The Travel

ency Name: Agency Contact Name: Telephone:

stination Country: Departure (Effective) Date:

Beneficiary Information

ereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim
cuments, court order and liquidation report attested by the court.

Full Name	Relationship	Percentage Share	Address/Telephone
		Total	100%

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

me of Life Assured: Signature: MA Date: