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: Yeshi Father's Name: Aweke G. Father's Name: Tadese

Date of Birth: 28-Jan-96 Place of Birth: Arsi Passport Number: EP8823626 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Asaki Kebele: 04 H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10098735

Contact Person in case of Emergency: Name Barok Aweke Telephone: 09-53-30-20-21

2. Particulars of The Travel

Agency Name: Abey Agency Agency Contact Name: Neway Telephone: 09-12-80-91-84

Destination Country: Jordan 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.	Zewde Birhanu	Mother	50%	Adama/0900533053
ii.	Barok Aweke	Brother	50%	Adama/0953302021
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

0911 22 88 45
0911 25 90 56
011 5 62 02 62
ADEY FOREIGN EMPLOYMENT AGENT P.L.C

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

Name of Life Assured: Yeshi Aweke **Signature:** _____ **Date:** 12-May-2025.