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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.
(as printed in the passport)
Name: Tigist Father's Name: Alemu G. Father's Name: Negu
Date of Birth: 26-Jun-93 Place of Birth: Dilibe Yadota Passport Number: EP6317957 Gender: Female
Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Munis 9 Kebele: Yadota H. No.:
Occupation: Housemaid Marital Status: Married Labor ID Number:
Contact Person in case of Emergency: Name Gebere Telephone: 0989560760

Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Negus Telephone: 0972302020
Destination Country: Dubai Departure (Effective) Date:

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.	Gebre	Husband	100%	
ii.				
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: Tigist Signature: Tigist Alemu Date: 28-Sep-25