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: Aselef A Father's Name: Abebaw G. Father's Name: Demsse

Date of Birth: S/Wollo Place of Birth: 22-Dec-98 Passport Number: EP2174800 Gender: Female

Address: - Region: Amhara City: S/Wollo Sub City: S/Wollo Woreda: Wollo Sefint. Kebele: 017 H. No.: New

Occupation: HouseMaid Marital Status: Single Labor ID Number: EF1105884

Contact Person in case of Emergency: Name Berihun demisie Telephone: 0930501104

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nesway Telephone: 0912209894

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.	Berihun demisie	Brother	100%	AA/0930501104
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Aselef Abebaw **Signature:** _____ **Date:** 2-June-2025