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: Elfinesh Father's Name: Tekle G. Father's Name: Kebede

Date of Birth: 18-Mar-88 Place of Birth: Ambo Passport Number: EQ2430805 Gender: Female

Address: - Region: Oromia City: Ambo Sub City: Hawasa Woreda: Angar Kebele: Meda H. No.: New

Occupation: House maid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Beletepetros Telephone: 09-43-53-63-16

2. Particulars of The Travel

Agency Name: AdeyAgency Agency Contact Name: Neway Telephone: 0912809594

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.	Belete Pedros	Husband	50%	A.A/09-43-53-63-16
ii.	Asheraf Tekle	Brother	50%	09-10-53-52-47
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

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

Name of Life Assured: Elfinesh Tekle **Signature:** _____ **Date:** 10-may-2025