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: Hana Father's Name: Asrakebel G. Father's Name: Gosu

Date of Birth: 17-feb-95 Place of Birth: Adama Passport Number: EB216231 Gender: Female

Address: - Region: Oromia City: Adama Sub City: Denbel Woreda: Woreji Kebele: _____ H. No.: _____

Occupation: Housemade Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Mesfin Diriba Telephone: 0912220008

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: UAE 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.	Mesfin Diriba	Husband	100%	Adama
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

M Y Foreign Employment Agency 0901 11 66 77

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

Name of Life Assured: Hana Asrakebel **Signature:** _____ **Date:** 29-APR-25