ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626687, 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: Ejigayho Father's Name: Halabo G. Father's Name: Hadaro

Date of Birth: 15-mar-92 Place of Birth: Wolayita Passport Number: EQ2442313 Gender: F

Address: - Region: South Ethiopia City: wolayita Sub City: Sodo Woreda: 2 Kebele: 1 H. No.: -

Occupation: Housemaid Marital Status: married Labor ID Number: EF11169173

Contact Person in case of Emergency: Name Matiyos Mesekele Telephone: 0933859159

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

Destination Country: Kuwait 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.	Matiyos Mesekele	Husband	100%	Wolayita
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 98 0911 25 90 50 011 5 62 02 62

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

Name of Life Assured: Ejigayehu **Signature:** _____ **Date:** 9-Aug-25