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: Alem Father's Name: muluken G. Father's Name: Abate

Date of Birth: 20-Dec-87 Place of Birth: Shoa Passport Number: EP9242849 Gender: female

Address: - Region: AA City: AA Sub City: N.Silk Woreda: 12 Kebele: - H. No.:

Occupation: Housewaid Marital Status: married Labor ID Number: EF1050/2312

Contact Person in case of Emergency: Name Hawelti Addis Telephone: 0913374261

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0913805194

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.	Endalkachew Addise	husband	100%	AA/0906476198
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Alem muluken **Signature:** **Date:** 09-Jan-2025