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: Haymanot Father's Name: Getiye G. Father's Name: Demisse

Date of Birth: 23-Jan-94 Place of Birth: Fiche Passport Number: EP6656361 Gender: Female

Address: - Region: Oromia City: Fiche Sub City: Fiche Woreda: Gera Kebele: Janso - H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: EF1083813

Contact Person in case of Emergency: Name Shemelese Muluk Telephone: 0915962810

2. Particulars of The Travel

Agency Name: Aoley Agency Agency Contact Name: Nowey Telephone: 0912805194

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.	Getiye Demisse	father	100%	0961619176
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Haymanot Getiye **Signature:** _____ **Date:** 4-Apr-25