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: Leyle Father's Name: Adem G. Father's Name: Hassen

Date of Birth: 26-Oct-86 Place of Birth: Gurage Passport Number: EP1289815G Gender: Female

Address: - Region: C.Ethiopia City: Kosre Sub City: Kosre Woreda: Liyu Kebele: 1 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Awol Jemal Telephone: 09-10-17-40-43

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway 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.	Adem Hassen	Father	50%	Surinto / ~~09 11 07 87 77~~
ii.	Kryna Sarina	Mother	50%	09-91-07-87-77
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: Leyle Adem **Signature:** _____ **Date:** 28-Jul-2025