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: Selamawit Father's Name: Gezahegn G. Father's Name: Woldemanuel

Date of Birth: 21-Feb-81 Place of Birth: Addis Ababa Passport Number: EP9263482 Gender: Female

Address: - Region: A.A City: A.A Sub City: Yeka Woreda: 4 Kebele: 4 H. No.: -

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

Contact Person in case of Emergency: Name Endale Gezahagn Telephone: 09-11-79-27-37

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.	Endale Gezahagn	Brother	100%	AA/0911792737
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Selamawit Gezahegn **Signature:** _____ **Date:** 22-Jul-2025