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: [illegible] Father's Name: [illegible] G. Father's Name: [illegible]

Date of Birth: 24FEB90 Place of Birth: KEBATA Passport Number: EQ2777156 Gender: [illegible]

Address: - Region: [illegible] City: ______ Sub City; [illegible] Woreda: [illegible] Kebele: ______ H. No.: ______

Occupation: [illegible] Marital Status: [illegible] Labor ID Number: ______

Contact Person in case of Emergency: Name [illegible] Telephone: 0926458809

2. Particulars of The Travel

Agency Name: [illegible] Agency Contact Name: [illegible] Telephone: ______

Destination Country: Dubai Departure (Effective) Date: 5/06/2025

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.	[illegible]	[illegible]	100%	0926458809
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: [illegible] Signature: [illegible] Date: 5/06/2025