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: Werkayehu Father's Name: Fentaw G. Father's Name: Dires

Date of Birth: 28-Dec-84 Place of Birth: Gonder Passport Number: EQ1126770 Gender: Female

Address: - Region: Amhara City: Gonder Sub City: Este Woreda: - Kebele: - H. No.: -

Occupation: House maid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Embe Alemayew Telephone: 0937014903

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.	Embe Alemayew	Husband	100%	Gonder/0937014903
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

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

Name of Life Assured: Werkayehu Fentaw **Signature:** [signature] **Date:** 12-Dec-24