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: Fetlework Father's Name: Buzayehu G. Father's Name: Betre

Date of Birth: 23-Jan-89 Place of Birth: Dako Passport Number: EP8066851 Gender: Female

Address: - Region: ~~Oromiya~~ Oromiya City: D/Berhan Sub City: _____ Woreda: _____ Kebele: Dako H. No.: _____

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

Contact Person in case of Emergency: Name Meseret moges Telephone: 0912832783

2. **Particulars of The Travel**

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Kuwait Departure (Effective) Date: 20-Nov-24

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.	Meseret Moges	Aunt	100%	0912832783
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Fetlework Signature: [signature] Date: 20-Nov-24