ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626567, Fax: 251-116-626705
Protection House, Miky Leland Street
P.O. Box: 12751, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

(Mr./Ms./Mrs.
(printed in the passport)

Name: GENET Father's Name: DECHASA G. Father's Name: MAMO

Date of Birth: 12 SEP 91 Place of Birth: DEBESO Passport Number: EP9059486 Gender:

Address: - Region: OROMIA City: Sub City: DERA Woreda: DODOTA Kebele: H. No.:

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number:

Contact Person in case of Emergency: Name DECHASA MAMO Telephone: 09

Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: Telephone:

Destination Country: Departure (Effective) Date: 2/12/24.

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
DECHASA MAMO	HUSBAND		100%
		Total	100%

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

Name of Life Assured: Genet Signature: Date: 2/12/24