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: Sfan Father's Name: Remena G. Father's Name: Eranu

Date of Birth: 28 Jan 93 Place of Birth: Ameya Passport Number: EP8468817 Gender: FEMALE

Address: - Region: oromia City: _____ Sub City: Kojefeche Woreda: wedesa Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF1056 8137

Contact Person in case of Emergency: Name Tagel Kumela Telephone: 0912164673

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

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.	Tagel Kumela	Relative	100%	Koyefeche
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Sfan demena **Signature:** [signature] **Date:** 17/01/25