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: Haregewoin Father's Name: Tessema G. Father's Name: Ajamo

Date of Birth: 19-Feb-85 Place of Birth: Hossana Passport Number: EG1158502 Gender: Female

Address: - Region: Oromia City: E.Shoa Sub City: Mojo Woreda: Lumei Kebele: Shera H. No.: —

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10622630

Contact Person in case of Emergency: Name Gera work Telephone: 0940563855

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nway 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.	Gera work	Husband	50%	Mojo/0940563855
ii.	Mooresh Tesema	Mother	50%	Hossana/0933835185
iii.				
iv.				
v.				
vi.				
vii.				
		Total		100%

ADEY FOREIGN EMPLOYMENT AGENCY P.L.C

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

Name of Life Assured: Haregewoin Tessema **Signature:** _____ **Date:** 10-Jan-25