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: weyneshet Father's Name: Shibru G. Father's Name: Grebretsadik

Date of Birth: 12-Sep-95 Place of Birth: Berfeta Passport Number: EP9069812 Gender: female

Address: - Region: oromia City: Berfeta Sub City: W.shoa Woreda: welabu Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: married Labor ID Number: EF10290930

Contact Person in case of Emergency: Name yosef shibru Telephone: 0920713394

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809451

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.	Genet Shibru	Sister	50%	dodola/0920068137
ii.	Berihun Fantaneh	husband	50%	A.A/0910339585
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: weyneshet shibru **Signature:** _____ **Date:** 10-Dec-2024