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: GENET Father's Name: ABETU G. Father's Name: REGASA.

Date of Birth: 30 DEC 94 Place of Birth: SHOA Passport Number: EP9292553 Gender: F

Address: - Region: AIA City: Sub City: NIFAS - SILK-LAFTO. Woreda: 09 Kebele: H. No.:

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

Contact Person in case of Emergency: Name MESKEREM ABETU Telephone: 0979839650.

2. **Particulars of The Travel**

Agency Name: AIKABA. Agency Contact Name: NAWAL Telephone: 0975696969

Destination Country: U.A.E 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.	MESKEREM ABETU	SISTER		160 Y.
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ገነት ኤባቱ Signature: Date: 11/06/25.