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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: Fedila Father's Name: umer G. Father's Name: Mosa

Date of Birth: 11 Sep 87 Place of Birth: ANABELES Passport Number: EP2741155 Gender: Female

Address: - Region: C/Ethiopia City: Hadiya Sub City: Ademo Woreda: ANABELES Kebele: H. No.:

Occupation: Housemaid Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name tegeza Mihiku Telephone: 0916019303

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Kuwait 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.				
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Fedila umer Signature: [Signature] Date: 7-AUG-21