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: TSEHAY Father's Name: TETENE G. Father's Name: ALEMU

Date of Birth: 11 SEP 93 Place of Birth: ASEELA Passport Number: EQ246403 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Agsi Woreda: Boosi Kebele: _____ H. No.: _____

Occupation: Housemade Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name _____ Telephone: _____

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.	Abebe Jema	Brother	100%	0914922402
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Tehare **Signature:** _____ **Date:** 06-05-2025