ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626705
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Meseret Father's Name: Getachew G. Father's Name: Urga

Date of Birth: 03-Feb-98 Place of Birth: Ejere Passport Number: EP6481670 Gender: Female

Address: - Region: Oromia City: Holeta Sub City: Woreda: Ejere Kebele: H. No.:

Occupation: Housemaid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name Fraol Getache Telephone: 0913824713

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 28-Nov-24

Beneficiary Information

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.	Fraol Getachew	Brother	100%	0913824713
ii.				
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: Meseret Signature: Date: 28-Nov-24