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: Firehiwot Father's Name: Fikru G. Father's Name: Zelelew
Date of Birth: 9-Oct-88 Place of Birth: Addis Ababa Passport Number: EP6290477 Gender: Female
Address: - Region: A.A City: A.A Sub City: Gulele Woreda: 04 Kebele: ____ H. No.: 15-434
Occupation: Housemaid Marital Status: Married Labor ID Number: E-F1682-7381
Contact Person in case of Emergency: Name Werkanifu fikru Telephone: 0911320187

2. **Particulars of The Travel**

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0973203076
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.	Werkenifu Fikru	Sister	50%-	0913838126
ii.	Belaihun Fikru	Brother	50%-	0911320187
iii.				
iv.				
v.				
vi.				
vii.			Total	100%

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

Name of Life Assured: Firehiwot Signature: [signature] Date: 5-Feb-25