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: Geret Father's Name: Dereje G. Father's Name: Geragne

Date of Birth: 11-Sep-97 Place of Birth: Meki Passport Number: EP8549645 Gender: Female

Address: - Region: Oromia City: Meki Sub City: Meki Woreda: 01 Kebele: 02 H. No.: _____

Occupation: House meid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Mitike Telephone: 0938369095

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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.	Mitike Feysa	Mother	100%	0938369095
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total		100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 90 56 011 5 62 02 62

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

Name of Life Assured: Geret Dereje **Signature:** _____ **Date:** 9-Aug-2024