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: TAYECH Father's Name: TILAYE G. Father's Name: AYELE

Date of Birth: 11 SEP 90 Place of Birth: SHOA Passport Number: EQ2183074 Gender: F

Address: - Region: OROMIA City: _____ Sub City: ADAMA Woreda: BOLO Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: DIVORCE Labor ID Number: _____

Contact Person in case of Emergency: Name ASELEF TILAYE Telephone: 0993703319

2. Particulars of The Travel

Agency Name: ALCABA Agency Contact Name: ALWAC Telephone: 0975696969

Destination Country: U.A.E 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.	ASELEF TILAYE	SISTER		60Y
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Tayech **Signature:** _____ **Date:** 3/06/25