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Nyala Insurance S.C

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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: Gelane Father's Name: Bekele G. Father's Name: Berga

Date of Birth: 11-sep-96 Place of Birth: Gebeya Passport Number: EA2447652 Gender: female

Address: - Region: A.A. City: A.A. Sub City: Yeka Woreda: 10 Kebele: H. No.:

Occupation: House maid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name Birhanu Bekele Telephone: 0913059048

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejma Telephone: 0972302010

Destination Country: Kuwait 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.	<u>Birhanu Bekele</u>	<u>Brother</u>	<u>100%</u>	<u>0913059048</u>
ii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iv.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
v.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vi.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
			Total	100%

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

Name of Life Assured: Gelane Bekele Signature: Date: 18-Jun-25