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: GADISE Father's Name: FUFA G. Father's Name: TEFA.

Date of Birth: 11 FEB 89 Place of Birth: SHOA Passport Number: EP9236227 Gender: F

Address: - Region: OROMIA City: _____ Sub City: SHOA Woreda: GUJE Kebele: _____ H. No.: _____

Occupation: HOUSE HOLD Marital Status: MARRIED. Labor ID Number: _____

Contact Person in case of Emergency: Name TESHOME LEMA Telephone: 0970435650.

2. Particulars of The Travel

Agency Name: ALHABA Agency Contact Name: _____ Telephone: _____

Destination Country: KWT. 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.				
ii.	TESHOME LEMA	HUSBAND		100%
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Gadisee **Signature:** [signature] **Date:** 30/06/25