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Nyala Insurance S.C
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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Addis Father's Name: Yearsiwork G. Father's Name: Adage
Date of Birth: 07-Jan-92 Place of Birth: Huneta Passport Number: GP6967304 Gender: Female
Address: - Region: AIA City: AIA Sub City: Mifessile Woreda: 1 Kebele: - H. No.: _____
Occupation: Housemaid Marital Status: Single Labor ID Number: _____
Contact Person in case of Emergency: Name years'work Telephone: 0910207598

2. Particulars of The Travel

Agency Name: adey agency Agency Contact Name: neway Telephone: 0912805194
Destination Country: Datar 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>years'work Adage</u>	<u>father</u>	<u>100%</u>	<u>Dromiya/0910207598</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Addis years'work Signature: [Signature] Date: 08-Oct-24