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

Particulars of the Life Assured:

(Mr./Mrs./Mrs.
(as printed in the passport)
Name: Fatuma Father's Name: Kedir G. Father's Name: Abole
Date of Birth: 18-Jan-83 Place of Birth: Arsi Passport Number: EP8288394 Gender: Female
Address: - Region: Oromia City: Sub City: Arsi Woreda: Kebele: H. No.:
Occupation: House maid Marital Status: Married Labor ID Number:
Contact Person in case of Emergency: Name Hussen kedir Telephone: 0933247461

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010
Destination Country: Departure (Effective) Date:

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.	Hussen kedir	Brother	100%	0933247461
II.				
III.				
IV.				
V.				
VI.				
VII.				
			Total	100%

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

Name of Life Assured: Fatuma kedir Signature: Fatuma Date: 26-Nov-24