ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626709
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:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: KEDIJA Father's Name: MOHAMED G. Father's Name: AMAN

Date of Birth: 11 SEP 92 Place of Birth: DERSHA Passport Number: EP8029047 Gender: F

Address: - Region: DEBUB City: Sub City: DERSHA Woreda: ANA LEMO Kebele: H. No.:

Occupation: HOUS Marital Status: MARRIED Labor ID Number:

Contact Person in case of Emergency: Name ERMIYAS DEBERU Telephone: 0960592805

Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: Telephone:

Destination Country: UAE 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
ERMIYAS DEBERU	BROTHER		100%
		Total	100%

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

Name of Life Assured: Khadija Signature: Date: 14/08/25