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: Abeba Father's Name: mishamo G. Father's Name: Gresamb

Date of Birth: 29-oct-89 Place of Birth: wasgebeta Passport Number: EP9322491 Gender: female

Address: - Region: Central City: Hossana Sub City: Hadiya Woreda: Gudeb Kebele: Sella H. No.: _____

Occupation: Housmaid Marital Status: married Labor ID Number: EP10673864

Contact Person in case of Emergency: Name Teshale Abayneh Telephone: 0920281249

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

Destination Country: UAE 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.	Teshale Abayneh	Husband	100%	Hossana/0920281249
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	**100%**	

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 90 56 ON 5 62 02 62

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

Name of Life Assured: Abeba mishamo **Signature:** _____ **Date:** 24-Dec-2024