ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626705
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: Adaneah Father's Name: Fikadu G. Father's Name: Zeleke

Date of Birth: 11/09/93 Place of Birth: Lijo Passport Number: EP7595266 Gender: F

Address: - Region: Oromia City: Arsi Sub City: Asela Woreda: Lijo Kebele: 1 H. No: _____

Occupation: Housemaid Marital Status: Single Labor ID Number: EFIN14535

Contact Person in case of Emergency: Name Fikadu Zeleke Telephone: 0943304132

2. Particulars of The Travel

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

Destination Country: Kuwait 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.	Fikadu Zeleke	Father	100%	Arsi 0943304132
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Adaneah Signature: _____ Date: 30/07/25